

## Module 2: Patient Relations

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### Facilitator Overview

Competency:	<i>Patient Relations</i>
Content:	Covers the importance of confidentiality in the medical setting (including HIPAA); empathy and communication skills for working with patients; and the importance and best practices of documenting encounters.
Lessons:	<ul style="list-style-type: none"><li>• Lesson A: <i>Confidentiality</i></li><li>• Lesson B: <i>Strategies for Effective Communication</i></li><li>• Lesson C: <i>Empowering vs. Enabling</i></li><li>• Lesson D: <i>A Case of Confidentiality</i></li><li>• Lesson E: <i>If You Didn't Write It, It Didn't Happen!</i></li></ul>
Estimated Total Time:	8 hours max
Methods / Media	<ul style="list-style-type: none"><li>• "Reader"</li><li>• Factual presentation</li><li>• Prepared flipchart pages</li><li>• Team discussion</li><li>• Individual and small-group activity</li><li>• Brainstorming</li><li>• <i>Possibly</i> Guest Speaker</li></ul>
Assessment Method:	<ul style="list-style-type: none"><li>• Writing</li><li>• Report back</li><li>• Self-assessment</li><li>• Demonstration</li></ul>

Facilitator Preparation



**What You Will Need for All Lessons in This Module:**

- easel
- flip pad
- large colored markers

**Introduction to the Competency – 5 minutes**

The Competency



**Present** the definition of this competency:

- Patient relations is a set of skills that enables you to work with and support community members effectively whenever they seek help from the center without breaking the confidentiality of their medical information.



**Point out** the lesson(s) that you have selected for the Site Team to cover in this module, from the 5 lessons available to you.

If you will have other presenters or lessons separate from this curriculum, **review** the schedule with the Team.

## Lesson A: Confidentiality

Lesson:	<b>Confidentiality</b>
Objectives:	<p><i>Note: This lesson should be included in Pre-Service Orientation.</i></p> <p>After completing this Lesson, members will be able to:</p> <ul style="list-style-type: none"> <li>• Describe / define <i>patient confidentiality</i>.</li> <li>• Define / describe <i>Health Insurance Portability and Accountability Act of 1996 (HIPAA)</i>.</li> <li>• Identify key behaviors that maintain confidentiality within and outside of the health center.</li> <li>• Identify safe resources to debrief and find support for members when dealing with difficult situations.</li> </ul> <p><i>In addition to this lesson, members should receive at least 30 minutes on your health center's specific confidentiality policies and procedures. Invite the staff member responsible for HIPAA compliance to speak to the team, emphasizing:</i></p> <ul style="list-style-type: none"> <li>• <i>Legal issues that employees and members of a health center face concerning confidentiality; and</i></li> <li>• <i>The difference between levels of confidentiality, especially with regards to children / adolescents and to HIV/AIDS.</i></li> </ul>
You will need:	<ul style="list-style-type: none"> <li>• Prepared flip page labeled <i>Lesson Objectives</i></li> <li>• "HealthCorps Reader" for this module</li> <li>• Flip chart, markers</li> <li>• 2 prepared flip pages, one labeled "ORAL" and the other "WRITTEN."</li> <li>• 3" x 5" yellow sticky-notes or index cards (2 or 3 per member) in two different colors</li> </ul>
Estimated Time:	<p>1.5 hours</p> <p>+ Reflection</p>

Gaining an Understanding:	<ol style="list-style-type: none"> <li>1. Introduce the lesson objectives.</li> <li>2. Members read the “HealthCorps Reader” Part One.</li> <li>3. Ask a few questions from the “Reader.”</li> <li>4. Display the 2 prepared flip pages.</li> <li>5. Ask them to guess their next assignment.</li> <li>6. Hand out sticky notes of two different colors.</li> <li>7. Members write up scenarios in which client / patient confidentiality is broken.</li> <li>8. Members post scenarios on one of the flip pages and share the scenario.</li> <li>9. Add any major lapses not covered.</li> </ol>
Building Skills:	<ol style="list-style-type: none"> <li>1. Point out the “negative” nature of the previous activity.</li> <li>2. Lead brainstorming to identify and list “positive” protections of confidentiality.</li> <li>3. Add any major protections not covered.</li> <li>4. Members match earlier scenarios with appropriate protections.</li> <li>5. Develop new protections as needed.</li> <li>6. Discuss how members can share feelings about a situation without breaking confidentiality.</li> </ol>
Reflection might include:	<p>Suggested discussion questions:</p> <ul style="list-style-type: none"> <li>• Has your medical confidentiality ever been broken? If so, how?</li> <li>• Has any other confidentiality been broken? If so, what was it and how did it happen?</li> <li>• Have you ever broken someone else’s confidentiality? If so, whose and how did it happen?</li> <li>• How do you decide that you can trust a particular person with a confidentiality?</li> </ul>
Follow-up might include:	<ul style="list-style-type: none"> <li>• <i>Guest speaker on your health center’s HIPAA policies and procedures</i></li> <li>• Additional lesson on confidentiality using a typical case (Lesson D: <i>HIPAA Role Play</i>).</li> </ul>

Lesson A



**Confidentiality** -- 2 hours



**Direct** members to Module 2: Patient Relations in the Participant Guide.

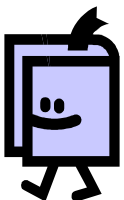
Lesson Objectives



**Introduce** the objectives of this lesson:

After completing this Lesson, members will be able to:

- Describe / define *patient confidentiality*.
- Define / describe *Health Insurance Portability and Accountability Act of 1996 (HIPPA)*.
- Identify key behaviors that maintain confidentiality within and outside of the health center.
- Identify safe resources to debrief and find support for members when dealing with difficult situations.



**Direct** members to locate the “HealthCorps Reader” for this module and read Part One: The Importance of Confidentiality.

**Allow** 5 minutes while observing individuals to gauge their reading comfort and speed.

Gaining an Understanding

1 hour 15 min. max

**Ask** members a few questions based on contents of Part One of the “Reader.” *For example:*

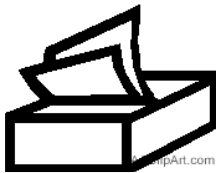
- “Why is the story of John and Alexandra in the Reader?”
- “Tell me about HIPAA.”
- “If health center employees and AmeriCorps members are so different in the rules and regulations they follow, why should members have to know about patient confidentiality?”



Once you are sure that members understand Part One of the “Reader,” **mount** on the wall your two prepared flip pages, titled “ORAL” and “WRITTEN.”

**Ask** members to guess what their next assignment will be.

*Answer:* To think of ways that patient confidentiality can be broken by word of mouth and/or in writing.



**Hand out** the sticky-notes to all members. Explain which color corresponds to Oral and which color corresponds to Written.

**Direct** members either to:

- Work individually; or
- Work with a partner (especially if the team is large).

**Direct** them to write a simple scenario on each piece of paper that illustrates how confidentiality can be broken inside or outside of the health center — ORAL examples on one color sticky-note and WRITTEN examples on a different color sticky-note.

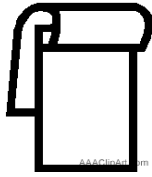
**Present** the difference between oral and written lapses of confidentiality but without using a scenario as an example.



**Allow** 10 minutes; **give** an alert when there is 1 minute remaining.

**Circulate** to help as needed. **Encourage** them to develop several different scenarios.

After you call “Time!” **direct** members / pairs to select their best oral example and their best written example.



**Explain** that each member or pair will:

- Come up,
- Post one of their Oral examples and one of their Written examples, each on the correct flip page, and
- “Tell” their scenarios to the team.

**Ask** for a volunteer to start.

If people want to discuss any scenario, **allow** 2 minutes only.

*Member scenarios may include these lapses in confidentiality.*

**ORAL:**

- ✓ Talking to a client’s family member or professional from another agency about a client without an appropriate “release of information” consent from the client
- ✓ Talking over a case with an appropriate colleague — but in the hall or with doors open where other clients may overhear
- ✓ Talking on the phone about cases where other clients and staff can hear you
- ✓ Blowing off steam to the coordinator about a patient — and including medical details
- ✓ Talking in depth about a case with a colleague who does not need all of those details to do his/her task

**WRITTEN:**

- ✓ Leaving client files on your desk overnight where anyone could see the name and information
- ✓ Leaving client information up on the computer screen when you are away from your desk
- ✓ Leaving your appointment calendar with clients’ names where other clients / visitors may see them
- ✓ Having client information on your desk / work area that other clients may be able to see when they come in
- ✓ Leaving client information on copy and fax machines
- ✓ Throwing away paper with client information in the wastebasket — instead of shredding it
- ✓ Loosing files or client paperwork
- ✓ Taking client files home
- ✓ Leaving client files in a car
- ✓ Writing a letter home and including any patient name or information
- ✓ Discussing client cases over e-mail

**Continue** until all members have shared.

After time is up, if any of the above breaks in confidentiality are not yet on the list, **enter** them on the appropriate flip page.



Ask if members have any questions.

**Provide** brief answers, explaining that they will learn more about patient confidentiality from the rest of this lesson, as well as a future speaker / lesson.



**Give a 10-15 minute break.**

Meanwhile, **prepare** for Building Skills by rearranging the sticky notes if necessary, so they are spread out and easily seen.

Building Skills

45 minutes max  
+ Reflection



**Welcome members back to Confidentiality.**

**Point out** that the previous activity focused on the negative: how confidentiality can easily be broken.

**Explain** that the next activity will be the reverse: how everyone connected to the health center can protect confidentiality.

**Lead** a brainstorming session to list as many ways to protect patient confidentiality as possible — within a set time limit.

**Ask** someone to act as timer, call “Go!” and call “Stop!”

**Enter** their ideas on a fresh flip page.

*Member ideas may include these protections.*

ORAL:

- ✓ Have phone and face-to-face conversations with clients in private.
- ✓ If you want to discuss a case with another professional or a client’s family member, have the client sign a “release of information” consent form.
- ✓ Only discuss client cases when needed and behind closed doors.

WRITTEN:

- ✓ Protect client information that’s in your work area when others are around.
- ✓ Return all appropriate material to Medical Records ASAP.
- ✓ Keep file drawers with hardcopy files locked.
- ✓ Protect client information that’s in your work area when others are around.
- ✓ Log off the computer when away from your desk.
- ✓ Shred all out-dated / surplus paperwork with client names.
- ✓ Don’t leave client paperwork on the copy or fax machines.
- ✓ Don’t take files home with you or leave them in a car.

If members have missed any of the above protections, **enter** them on the flip page.

**Point to** the flip-pages posted on the wall from the first activity on the one hand and the new list of protections on the other.

**Explain** that the team will now identify which of the protections would have avoided each of the earlier scenarios.

Going around the room, **direct** each member to:

- Come up and get either of his/her sticky note scenario, and
- Check off one of the protections from the list — a protection that would have prevented the scenario from occurring.

**Continue** until all of the scenarios have been “cancelled” by a method of protecting confidentiality.

If there is no protection listed which would have prevented a given scenario, **lead** a discussion that results in a new protection being added to the list.



**Lead** a discussion on what HealthCorps members can do when they need to share their feelings about a difficult client interaction and yet stay inside the boundaries of patient confidentiality.

**Assure** members that they can always share these feelings with you as their program coordinator — so long as they do not reveal client names and personal information.



Suggested discussion questions:

- Has your medical confidentiality ever been broken? If so, how?
- Has any other confidentiality been broken? If so, what was it and how did it happen?
- Have you ever broken someone else’s confidentiality? If so, whose and how did it happen?
- How do you decide that you can trust a particular person with a confidentiality?

Follow-up  
Suggestions



**Explain** how the team will learn more about confidentiality in the near future (guest speaker and/or additional lesson).



**Proceed** to either:

- Lesson B: *Strategies for Effective Communication* or Lesson D: *A Case of Confidentiality*, Prescription 2: Patient Relations,

- or to  
• The beginning of Prescription 3: Professional Development.

*NOTE:  
This page is intentionally left blank.*

## Lesson B: Strategies for Effective Communication

Lesson:	<b>Strategies for Effective Communication</b>
Objectives:	<p><i>Note: This lesson should be included in Pre-Service Orientation.</i></p> <p>After completing this Lesson, members will be able to:</p> <ul style="list-style-type: none"> <li>• Assess their own listening styles.</li> <li>• Define <i>active listening</i>.</li> <li>• Demonstrate paraphrasing as a tool of active listening.</li> <li>• Discuss strategies for setting effective boundaries while serving in a health care environment.</li> </ul>
You will need:	<ul style="list-style-type: none"> <li>• Prepared flip page labeled <i>Lesson Objectives</i></li> <li>• “HealthCorps Reader” for this module</li> <li>• Flip chart, markers</li> <li>• Prepared flip page labeled <i>Relationships</i> with large equilateral triangle and one word on each side: <i>TRUST, COMMUNICATION, and HEALTH CARE</i></li> <li>• Prepared flip page labeled <i>Paraphrasing</i> with 3 bulleted terms: <i>FACTUAL, EMOTIONAL, SOLUTION-FOCUSED</i></li> <li>• Information Sheets: Role-Plays #1- 4 (enough copies for everyone, 3-hole punched)</li> <li>• Prepared flip page labeled <i>What Members Can &amp; Can’t Do with Clients</i> with bulleted items from your health center’s rules and regulations</li> </ul>
Estimated Time:	2 hours 30 minutes max
Gaining an Understanding:	<ol style="list-style-type: none"> <li>10. Introduce the lesson objectives.</li> <li>11. Members read Part Two: Working with Patients in the “HealthCorps Reader.”</li> <li>12. Members discuss the relationship between trust, communication, and health care.</li> <li>13. Brainstorm communication tips appropriate for use with clients / patients.</li> <li>14. Members identify tips on listening from that list.</li> </ol>
Building Skills:	<ol style="list-style-type: none"> <li>1. Ask members to define <i>active listening</i>.</li> <li>2. Introduce paraphrasing as the feedback tool of</li> </ol>

	<p>active listening.</p> <ol style="list-style-type: none"> <li>3. Discuss the 3 types of paraphrasing.</li> <li>4. 2 members demonstrate active listening and paraphrasing by role-playing for the Team.</li> <li>5. Members evaluate the demonstrated techniques.</li> <li>6. All members role-play listening / paraphrasing.</li> <li>7. Members discuss setting boundaries.</li> <li>8. Members practice boundary-setting language.</li> <li>9. A few members demonstrate setting boundaries by role-playing while others “freeze” the role-plays to identify boundary situations.</li> </ol>
Reflection might include:	<p>Suggested discussion questions:</p> <ul style="list-style-type: none"> <li>• What 2 listening habits do you want to work actively to improve?</li> <li>• Which of your personal relationships would improve if you were a better listener?</li> <li>• What experience do you have in setting boundaries?</li> </ul>
Follow-up might include:	<ul style="list-style-type: none"> <li>• Assigning members a little homework: to count the number of times a particular word is used while listening to 5 minutes of radio or TV.</li> <li>• Coaching individuals privately on their listening skills as you have observed them around the center and in the Team.</li> <li>• <i>Occasionally conducting a fun and different communication activity or contest as a break during Team meetings.</i></li> <li>• Counseling members who run into difficulty in setting boundaries.</li> </ul>

Lesson B



## **Strategies for Effective Communication --**

2 hours 30 minutes max



**Direct** members to Prescription 2: Patient Relations in the Participant Guide.

Lesson Objectives



**Introduce** the objectives of this lesson:

After completing this Lesson, members will be able to:

- Assess their own listening styles.
- Define *active listening*.
- Demonstrate paraphrasing as a tool of active listening.
- Discuss strategies for setting effective boundaries while serving in a health care environment.



**Direct** members to locate the “HealthCorps Reader” for this module and read Part Two: Working with Patients.

**Allow** 3 minutes while observing individuals to gauge their reading comfort and speed.

Gaining an Understanding

1 hour max



**Display** your prepared flip page labeled *Relationships*.

**Ask** members, “After reading ‘Working with Patients,’ what does this diagram make you think of?”

If they have trouble starting a discussion of the connection between trust, communication, and health care, **ask** a couple of close-ended questions such as:

- “If I am a patient who does not trust my doctor, do I help or hinder the health care I receive?”
- “If I am a clinician who talks very rapidly or tends to turn my back to the patient, do I help or hinder the health care I am providing?”



**Ask** members to brainstorm a list of communication tips important to and appropriate for client or patient relations.

**Ask** a member to act as scribe, recording key words.

*The list is likely to include most of the following:*

- ✓ Smile when first meeting the patient, introduce yourself, shake hands — whatever signs of welcome are appropriate.
- ✓ Use a friendly tone of voice.
- ✓ Listen carefully.
- ✓ If sitting, lean toward the speaker a bit with hands in your lap.
- ✓ Nod and/or make small “um-hmm” sounds to indicate you are listening and understanding.
- ✓ Understand non-verbal communication.
- ✓ Seek to understand the other person’s environment.
- ✓ Build empathy (ability to understand another’s point of view).
- ✓ Speak at an average pace and volume and observe whether the other person appears to be getting what you are saying. Adjust as necessary.
- ✓ Use normal vocabulary rather than slang or medical jargon.
- ✓ Give them some personal space.
- ✓ Find the balance between listening and expressing yourself.
- ✓ Compliment the client’s knowledge of health care and positive choices they make for their own health.
- ✓ Say what you mean clearly and respectfully.
- ✓ Echoing client key words and paraphrasing client’s statements

can help you better understand what the client already knows.

- ✓ Be willing to discuss “hot” or awkward topics when necessary.
- ✓ Be willing to allow some silence.
- ✓ Handle anger, blame, and criticism constructively.
- ✓ Confront people constructively when needed.
- ✓ Promote solution to conflict (rather than a spiral of emotion).
- ✓ If a client becomes angry, maintain a calming tone of voice and do a lot of listening. Say something like, “I can tell you are really angry about this. How can we take care of your concern about \_\_\_\_\_?”

**Add** any important tips if members miss them.

**Point out** that everyone will have a chance to start improving his or her listening habits right now, because *nobody* is a perfect listener!

**Explain** that:

- You will tell them a definition of *active listening* with 4 parts,
- They are not to take notes on what you are saying, and
- A little later you will ask them to repeat the definition to you.

**State** the definition orally (without having it written anywhere in the room where members can see it):

1. “Active listening is structured.”
2. “The listener focuses on the person speaking.”
3. “The listener does the best s/he can to get rid of all distractions.”
4. “The listener repeats, in his or her own words, what s/he believes the other person said.”

**Explain** that you do not expect members to recall all of the actual words you have used, but they should understand and be able to repeat back the 4 basic ideas.



**Give a 10-15 minute break**

Meanwhile, **prepare** for Building Skills:

- **Locate or prepare** the flip page labeled *Paraphrasing*.

- **Organize** the role-play sheets for smooth transition.
- **Find** and **prepare** a couple of members to do Role-Play #1.



## **Welcome members back to Strategies for Effective Communication.**

**Ask** members each to turn to a neighbor in the room. If there are an uneven number of members, **sit in** as someone's partner.

**Direct** members to:

- Tell their partners as much of the definition of *active listening* as they can remember, then
- Write down the best version they can develop together, and
- Raise their hands as soon as their written versions are ready.

**Ask** for a volunteer pair to go first. Once they have read their definition, **call on** pairs around the room to add to or revise the first version. **Direct** the first pair to keep written track of these changes until everyone has had their say.

**Invite** the first pair to read aloud the final written version.

Immediately **re-read** the 4-part definition given before the break. **Ask** the Team how close the two definitions came to one another.

**Explain** that you will now focus on the 4<sup>th</sup> part of the definition, "The listener repeats, in his or her own words, what s/he believes the other person said."

**Point out** that another way of describing this is, "Active listening involves giving feedback to the speaker to communicate that you have heard what is being said and give the speaker a chance to add to or correct your understanding."

**Ask** members if they know a special term for this feedback.

*Answer: Paraphrasing*

**Display** the prepared flip page labeled *Paraphrasing*.

**Give** an example of each type, such as:

- Factual – "I see. The kids at school tease you about your asthma medicine."
- Emotional – "I know it's frustrating when the kids make fun of you."
- Solution-Focused – "You must be very uncomfortable when the kids make fun of you. I have an idea that might help you. Would you like to try practicing what you can do when they tease you?"



**Point out** these things to remember about paraphrasing:

- ✓ *Factual* is very helpful when first gathering information from a client or patient, also when discussing an extremely detailed or important set of information.
- ✓ *Factual* is used most often.
- ✓ *Factual* and *Emotional* display your willingness and ability to understand the speaker's situation. They build trust.
- ✓ *Solution-Focused* paraphrasing does that plus it moves the conversation toward a decision or action.

**Explain** that you want to combine active listening and paraphrasing in a demonstration to be carried out by two of the members.

**Introduce** the 2 members who are doing Role-Play #1: Uninsured Patient and HealthCorps Member.

While they are setting up their “stage set,” **explain** to the audience what their roles will be as observers:

- “This half of the Team will listen for the 3 types of paraphrasing. Try to write down the actual phrases used.”
- “The other half will be paying attention to all of the *other* techniques of active listening. Do you remember the long list we brainstormed? Take notes on anything you see and hear that increases active listening.”

**Ask** whether members have any questions.

**Direct** the 2 role-playing members to begin.

**Allow** the role-play to reach a natural conclusion, unless it goes on longer than reasonable or gets repetitive.

**Lead** a round of applause for the role-players, and **ask** them to take their seats.

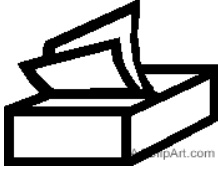


Immediately **ask** the first half of the audience, “Who was listening for paraphrasing? Tell us what you heard.”

For each example given, **ask** that member what type of paraphrasing it was, and **write** the phrase in the correct portion of the prepared flip page labeled *Paraphrasing*.

Then **ask** the second half of the audience, “Tell us every technique of active listening that you observed.”

On a new flip page, **write** the key words of every item.



**Hand out** a copy of Role-Play #1 to all audience members.

**Allow** 3 minutes for them to read the role-play.

**Direct** everyone to put Role-Play #1 into the Participant Guide.



**Announce** that everyone will do the next role-play simultaneously.

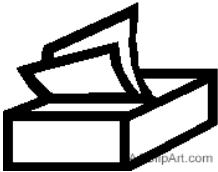
**Divide** the Team into threesomes by having them count off around the room. (Example: If there are 12 members, have them count off by 4s, because  $12 \div 3 = 4$ .)

*Note:*  
If you have a small Team, do all 4 role-plays as demonstrations.

*Note: If the Team does not divide evenly, have 1 foursome or you join to make a threesome.*

**Ensure** that the threesomes are seated as far apart as possible, because everyone will be talking at once.

**Direct** every threesome to decide who will play the “Patient,” who the “Member,” and who the “Observer.”



**Hand out** the Information Sheet: Role-Play #2 as follows:

- “Patients” get “Mr. Chuck Harris,”
- “HealthCorps Members” get that role, and
- “Observers” get both pages.

*Note: If there is a foursome, each “Observer” gets the 2 pages.*

**Point out** that the “HealthCorps Member” role does not provide any specific techniques for active listening or paraphrasing this time around. **Direct** the “HealthCorps Members” to take 1 minute to jot down some of the techniques they plan to use.

Meanwhile, **instruct** the “Observers” that they are:

- To take notes on the back of the role-play sheets, and
- **Not** to evaluate the acting quality of the “Patients”!

**Direct** the “HealthCorps Members” to start their role-plays.

**Circulate** and listen in on each threesome.

**Allow** each role-play to continue to its natural conclusion, unless it gets repetitive or goes on long past the others.

Once the role-plays are finished or you have ended them, **direct** each “Observer” to share his/her notes with the role-players.

When they are done, **ask** every “Patient” a question, such as:

- “Did you feel the Member understood you? How?”
- “Did the Member take good care of you?”
- “What made you feel that s/he was listening?”

**Ask** if members have any questions on the topic or the role-plays.

**Give** the Team a 5-minute break if you wish.



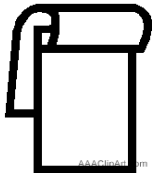
**Explain** that there is one more area of *Effective Communication* to cover. It is:

- Specifically related to serving in a community health care setting, and
- Of special necessity both to HealthCorps members from the community served and from elsewhere.

**Lead** a discussion of *setting boundaries* with such questions as:

- “How do you define *boundary*?”
- “What is a *personal boundary*?”
- “Why do people need to set boundaries?”
- “What is *self-disclosure*?”
- “How can self-disclosure be useful in HealthCorps service?”
- “How can it become a barrier?”

**Emphasize** that Health Center staff members have to set the same boundaries with clients or patients as AmeriCorps members do.



**Display** the prepared flip page labeled *What Members Can & Can't Do with Clients*. **Read** each item on the list, and **ask** members to think up a scenario that might explain each “can't do.”

**Ask**, “What are the possible down-sides or negative impact on patients of setting boundaries?”

*Answers should include:*

- ✓ Confusing people who think that what they're doing or asking is perfectly normal
- ✓ Hurting people's feelings
- ✓ Insulting someone's culture (such as when they ask you to their home for supper or to their traditional holiday party)
- ✓ Turning someone off so badly that s/he does not return to the health center.



**Ask**, “What are the possible up-sides or positive impact of setting boundaries — if it’s done professionally and early in the relationship?”

*Answers should include:*

- ✓ Everyone knows what to expect.
- ✓ People will not take a *no* answer too personally.
- ✓ Clients / patients will feel everyone is treated equally.
- ✓ Protecting HealthCorps members from the community served from extra pressure to “help their neighbors.”
- ✓ Protecting HealthCorps members from outside the community from accidentally insulting someone because of lack of knowledge of the local culture(s).
- ✓ Members will avoid building up a resentment against clients / patients for “always asking” for extra help.

**Direct** members to suggest the wording they might use to set a boundary in each of the following situations:

- When asked if a patient can call you on weekends for advice
- If asked to loan someone money
- When invited to a family’s home for dinner
- If asked to join a patient outside for a cigarette
- When a mother who speaks little English asks you to come with her to a parent-teacher conference at school

**Help** all members find or develop effective phrases to use:

- “The health center does not allow us to...”
- “It’s very nice of you to invite me, but I would be breaking health center rules.”
- “My assignment here at the clinic is very specific and it does not include...”
- “I’m not allowed to help clients outside of the health center.”

**Guide** any members who do not seem to understand either the *why* or the *how* of setting boundaries.



**Point out** that it's time to demonstrate boundary-setting behaviors through 2 more role-plays.

**Ask** whether members know what a "FREEZE IT!" role-play is.

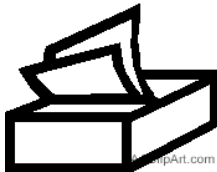
**Explain** that:

- The audience is required to look and listen closely for any boundary issue that might arise;
- As soon as someone detects it, s/he shouts "FREEZE IT!" to temporarily halt the action;
- The person playing "HealthCorps Member" is given an opportunity to identify what boundary issue has come up;
- If s/he cannot identify it, the audience member identifies it; and
- The role-play continues.



**Divide** the Team into 2 or 3 groups so each has at least 5 people.

**Direct** each group to decide who will play the "Patient" and who the "HealthCorps Member."



**Hand out** the Information Sheet for Role-Play #3:

- "Patients" get "Miss Teresa Perez."
- "HealthCorps Members" get that page."

**Allow** 2 minutes for the role-players to prepare.

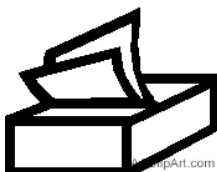
**Ask** whether anyone has any questions before the role-play begins.

**Direct** the "HealthCorps Members" to begin their role-plays.

**Circulate** to hear each role-play. If you see boundary issues arising but no one is calling "FREEZE IT!" then **whisper** to audience members to remind them.

**Allow** the role-plays to continue to their natural conclusions or stop them if they get overlong or repetitious.

**Ask** each audience group in turn, "How did your HealthCorps Member handle the boundary issues?"



**Hand out** the complete Information Sheet for Role-Play #3 to all members and **direct** them to add it to the Participant Guide.

**Keep** everyone in the same 2 or 3 groups.

**Repeat** the entire process for Role-Play #4 — except **direct** that members who have not yet done a demonstration role-play act the 2 roles this time.



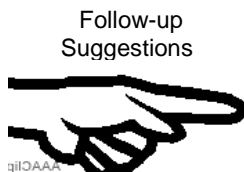
After the final role-play, **conduct** a “quickly-quickly” review lasting no more than 5 minutes.

Going around the room at a quick pace, **direct** each member to name one thing s/he learned from this lesson.



Suggested discussion questions:

1. What 2 listening habits do you want to work actively to improve?
2. Which of your personal relationships would improve if you were a better listener?
3. What experience do you have in setting boundaries?



- Assigning members a little homework: to count the number of times a particular word is used while listening to 5 minutes of radio or TV.
- Coaching individuals privately on their listening skills as you have observed them around the center and in the Team.
- Occasionally conducting a fun and different listening activity or contest as a break during Team meetings.
- Counseling members who run into difficulty in setting boundaries.



**Proceed** to either:

- Lesson C: *Empowering vs. Enabling*, or to
- The beginning of Prescription 3: Professional Development.

*NOTE:*  
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## **Lesson B: Strategies for Effective Communication**

### **Information Sheet: Active Listening**

#### **Role-Play #1: Uninsured Patient and HealthCorps Member**

##### **Mrs. Abby Newsome, Uninsured Client:**

You have come to the health center because your son, Jacob, has been very sick for a couple of weeks. You already have some medical bills that will be difficult to pay, and you can't afford to get any more. You are very worried about your son and also worried about paying for medical care.

When you called to make an appointment for Jacob, you were told to come in 20 minutes ahead, because someone would speak with you about how the health center works and how you can get your family's health care covered.

In the past, in a different state, you had bad experiences with the Medicaid system so you don't want to sign up again. You want the HealthCorps member to tell you about *free* health center services.

When the HealthCorps member starts talking about Medicaid and how to sign up, you get very nervous. Listening becomes almost impossible. You practically stop hearing what he's saying. The more the HealthCorps member talks, the more panicky you feel.

HOWEVER, whenever the HealthCorps member uses paraphrasing, respond to it by calming down a little. Relax a little. Begin to smile a little!

### **HealthCorps Member:**

You help clients enroll their children in Medicaid and SCHIP programs. On a daily basis, you educate patients about both health center services and Medicaid/SCHIP programs. You also help people complete applications for Medicaid and/or SCHIP.

You are 6 months into your service year and have developed a variety of **active listening** techniques. Try to include all of the following in your role-play:

- Sitting opposite the client.
- Leaning toward her a bit.
- Making eye contact with her (without staring).
- Smiling.
- Using open-ended questions, such as “Have you ever used a health center like this before?” and “Please tell me about any health insurance you’ve had in the past.”
- Looking and listening for clues that she does or does not understand what you are saying.
- Looking and listening for clues that she is comfortable or uncomfortable.

To check on whether you understand what the client is telling you and to help set her at ease, use **paraphrasing**. For example:

- “You tried Medicaid when you lived in     (another state)    . ” (*Factual*)
- “It must be very difficult to pay those medical bills.” (*Emotional*)
- “Since you are here today about Jacob and you think Medicaid might be hard to understand, how about we sign you up only for the *children’s* insurance program called     (SCHIP)     today? ” (*Solution-Focused*)

## **Lesson B: *Strategies for Effective Communication***

### **Information Sheet: *Active Listening***

#### ***Role-Play #2: Diabetic Patient and HealthCorps Member***

##### **Mr. Chuck Harris, Diabetic Patient:**

You have come to meet with the HealthCorps member, because your doctor referred you to get extra diabetes education and support.

You have only known about your diabetes for a few months and are very depressed about the illness. You are very confused by the diabetes and how to manage it. You are also upset with your doctor, because you feel that he yelled at you for not taking care of yourself.

When you meet with the HealthCorps member, you make very little eye contact and speak very softly – almost unclearly. If s/he seems to indicate you are not taking care of yourself, **you become very defensive and then very silent.**

**AmeriCorps Member:** You are a diabetes educator for clients who have a hard time managing their illness. You meet with clients whom the doctor refers to you for extra education and support.

When you meet with the client, you ask him or her about habits that can have an impact on their health:

- Taking prescription medication,
- Taking over-the-counter medication,
- Exercising
- Eating, and
- Any life circumstances that make it difficult to manage the diabetes (such as lack of transportation, limited English proficiency, poor education, lack of money for medications).

You ask the questions that will reveal the information you need to:

- Understand why the diabetes is not being well managed, and
- Identify the best ways to help the client better manage the illness.

## **Lesson B: *Strategies for Effective Communication***

### **Information Sheet: *Setting Boundaries***

#### ***Role-Play #3: Pregnant Patient and HealthCorps Member***

##### **Miss Teresa Perez, Pregnant Patient:**

You are twenty year old, pregnant for the first time. You are a college student who is working your way through. You accidentally got pregnant with your boyfriend, and he has now left you because you've decided to keep the baby.

You know about the health center from neighbors who have used it, people with children but no insurance. You come for your first visit to enroll as a patient and to sign up for Medicaid.

The HealthCorps member, about the same age as you, helps you with these things but also gets quite friendly with you. You go along with all of her questions, since you don't want to be rude.

## **AmeriCorps member:**

You are a prenatal advocate who helps women sign up for Medicaid and get enrolled as health center patients. Your job is to get some basic information from the new client (full name, address, home and work phone numbers), demographic information (including age, race, and national origin), and financial information (income level and source, insurance status, and so on). You like to be very friendly with your patients, because it puts them at ease, makes them feel more welcomed.

Today you are meeting with a 20 year-old pregnant college student whose boyfriend has abandoned her. You seem to identify with the patient, since you too are from the community served.

When you interview the client, you ask lots of questions that are not on your normal checklist:

- “Oh, you went to Central High? So did I! Do you remember Mr. Clark? Did you hear he got fired?”
- “Your boyfriend dumped you? Are you really upset? What happened?”
- “I was pregnant once. I thought about keeping the baby, too, but adoption was a much better choice for me.”

## **Lesson B: Strategies for Effective Communication**

### **Information Sheet: Setting Boundaries**

#### ***Role-Play #4:***

#### ***Smoking Cessation Client and HealthCorps Member***

##### **Mr. Mike Daniels, Smoking Cessation Client:**

You've been coming to the health center every week for the past 4 weeks to meet one-on-one with a HealthCorps member for smoking cessation education and support services. This augments your membership in a smoking cessation group at the local hospital.

You always meet with the same female HealthCorps member, whom you find very helpful and attractive – and you tend to try to flirt with her.

When you first sit down for this visit, you move really close to her. You've decided to discuss your recent break-up with your girlfriend. You relate that to your decision to quit smoking. You also start asking the HealthCorps member about her personal interests and what she likes to do "after work." One of the things she tells you is that she likes to get lots of exercise.

At the end of the session, you ask her if she'd like to jog or run in the nearby park after your next scheduled meeting, because it really helps you with stress relief to avoid smoking

**AmeriCorps Member:**

You are a young woman who provides smoking cessation education and support to clients on an individual basis once they are attending a smoking cessation support group at the nearby hospital.

This patient, Mike, is on his fourth visit.

This week he starts asking you about some of your interests and what you like to do for exercise. You discuss some of these things with him, since you don't want to be rude. At the same time, you keep trying to get the session back to the real topic.

## Lesson C: *Empowering vs. Enabling*

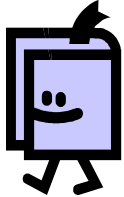
Lesson:	<b>Empowering vs. Enabling</b>
Objectives:	<p><i>Note: This lesson should be included in Pre-Service Orientation..</i></p> <p>After completing this Lesson, members will be able to:</p> <ul style="list-style-type: none"> <li>• Define <i>self-advocacy</i>.</li> <li>• Define <i>empowering</i> and <i>enabling</i>.</li> <li>• Give examples of what HealthCorps members can do within their service assignments to avoid enabling clients and to help empower them.</li> <li>• Describe the ideal relationship between provider and patient.</li> </ul>
You will need:	<ul style="list-style-type: none"> <li>• Prepared flip page labeled <i>Lesson Objectives</i></li> <li>• “HealthCorps Reader” for this module</li> <li>• Flip chart, markers</li> <li>• Prepared flip page with 2 columns labeled EMPOWER and ENABLE</li> <li>• Worksheet: <i>Can You Decide?</i></li> <li>• Prepared flip page labeled <i>Can You Decide?</i> displaying the 4-step instructions for the worksheet.</li> <li>• Worksheet: <i>The 3 E’s of Empowerment</i></li> </ul>
Estimated Time:	2 hours 30 minutes max
Gaining an Understanding:	<ol style="list-style-type: none"> <li>1. Introduce the lesson objectives.</li> <li>2. Members re-read the final section of Part Two in the “HealthCorps Reader.”</li> <li>3. Brainstorm the role of a <i>patient advocate</i>.</li> <li>4. Discuss <i>empowering vs. enabling</i>.</li> <li>5. Members complete Worksheet: <i>Can You Decide?</i> individually, then discuss in groups.</li> <li>6. Debrief, focusing on agreements / differences.</li> <li>7. Identify greater subtlety via additional questions.</li> </ol>
Building Skills:	<ol style="list-style-type: none"> <li>1. Brainstorm on the ideal partnership between patient and provider.</li> <li>2. Discuss <i>patient compliance</i>.</li> <li>3. Brainstorm on strategies for <i>empowering</i>, as members complete the Worksheet: <i>3 E’s of</i></li> </ol>

	<i>Empowerment.</i>
Reflection might include:	<p>Suggested discussion questions:</p> <ol style="list-style-type: none"> <li>1. Do you prefer to be <i>empowered</i> or <i>enabled</i> by others?</li> <li>2. Do you tend to help people stand on their own two feet — or try to do too much for them?</li> <li>3. Have you ever disagreed with a family member, friend, or colleague over this issue?</li> <li>4. How might you advocate for yourself in daily life?</li> <li>5. Have you been <i>compliant</i> when you've been a medical patient and/or social service client?</li> </ol>
Follow-up might include:	<ul style="list-style-type: none"> <li>• Assign members to discuss <i>patient compliance</i> and <i>empowerment</i> with their site supervisors once they begin specific training for their service assignments.</li> <li>• <i>Occasionally revisit</i> empowering vs. enabling <i>at Team meetings throughout the year.</i></li> </ul>

## Lesson C



### ***Empowering vs. Enabling*** -- 2 hours 30 minutes max



**Direct** members to Prescription 2: Patient Relations in the Participant Guide.

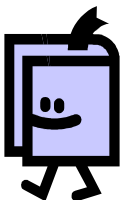
#### Lesson Objectives



**Introduce** the objectives of this lesson:

After completing this Lesson, members will be able to:

- Define *self-advocacy*.
- Define *empowering* and *enabling*.
- Give examples of what HealthCorps members can do within their service assignments to avoid enabling clients and to help empower them.
- Describe the ideal relationship between provider and patient.



**Direct** members to locate Part Two of the “HealthCorps Reader,” which they read for Lesson B, and re-read the last paragraph.

**Allow** 1 minute.

Gaining an  
Understanding

2 hours 15 min. max



**Lead** a discussion about the words *advocacy* and *advocate*:

- Are members familiar with these words?
- If so, from what situations?
- What do these words mean?
- How might they apply to the role of the patient or client in a health center? The role of a nurse or doctor? The role of a HealthCorps member?

**Emphasize** that any person or group can *advocate* for any other.

**Ask** members for examples from outside the world of health care.

*Answers might include:*

- ✓ Teachers often advocate for their students.
- ✓ An older brother or sister might advocate for a younger one.
- ✓ A press agent or lawyer advocates for his or her client.\*\*
- ✓ The Southern Poverty Law Center advocates for people who have been victims of hate crimes.
- ✓ NACHC advocates for all health centers!

\*\**In fact, the French word for lawyer is avocat.*

**Point out** that there are specific jobs and service assignments in the health care world called *patient advocate*.

**Explain** that many HealthCorps service assignments can and should involve *patient and family advocacy*, even if that isn't the title or focus of the assignment.

**Emphasize**, however, that advocating for clients or patients should never replace helping them advocate for themselves.

In fact, members who serve in health outreach, health education, making reminder phone calls, being a doula, and many other assignments are specifically responsible for helping community members understand and learn *self-advocacy*.

**Lead** a discussion on the adage: "If you give a man a fish, you feed him for a day. If you teach a man to fish, you feed him for a lifetime."

**Emphasize** that it's important to see people as whole and capable individuals who can learn that:

- Self-advocacy is allowed in the United States of America;
- It is encouraged in community health centers; and
- There are people in the health center who are responsible for helping clients / patients learn this skill.



**Display** the prepared flip page with columns labeled EMPOWER and ENABLE.

**Ask** members to share any ideas about these words, any synonyms, anything they know about these ideas.

For each item shared, **ask** that member which column the information belongs in. If there is confusion on this point, **lead** a discussion about it.

**Enter** key words of each item in the appropriate column.

Once a variety of ideas has been shared, **point out** the ways in which the two actions, *empower* and *enable*, are opposites.



Once it is clear that all members understand the basics of *empower* and *enable*, **ask** the Team several questions to get them thinking about the subtleties of the issue:

- **“Is one of these actions bad and the other good?”**

*Answer: Not automatically. Within community health care, empowering is generally the better of the two, but their effectiveness (and moral value) depends greatly on the situation.*

- **“What are some of the strategies that people working and serving in the health center can use to empower clients?”**

*Possible answers:*

- ✓ *Educate them continuously on the decisions and actions they are responsible for.*
- ✓ *Educate them continuously on the resources available to them.*
- ✓ *Provide written and illustrated materials which they can take home and review.*
- ✓ *Help develop workarounds when barriers exist such as low English proficiency, lack of education, fear of “the system,” and cultural prohibitions on assertiveness.*

- **“What are the boundaries you might set or should set when empowering clients?”**

*Answer: Refer to material covered in Lesson B: Strategies for Effective Communication.*

- **“Are there any situations in which it is appropriate and reasonable to enable a client?”**

*Answer: Yes, most likely when “doing something for them” is actually a way to “show them how to do it themselves next time.” This is most likely necessary for brand-new clients, for those with little or no English, and for those with no experience in a medical or health-care setting.*

- **“Which of the two should be a short-term form of help? Which should be long-term?”**

*Answer: Going back to the adage about fishing we can see that enabling should be short-term (if necessary at all) and empowering should be long-term and continuous.*

- **“Is it possible or even likely that any two of us might see the choice between *enabling* and *empowering* in the same situation differently?”**

*Answer: Yes, it is quite likely. However, it is less confusing to the client if we standardize our approach as much as possible. This will be an important issue to keep in mind as you learn from your site supervisor the specific tasks you will be doing in your service assignment.*



**Direct** members to locate the Worksheet: *Can You Decide?* in the Participant Guide and read the instructions.

**Ask** if they have any questions about completing the worksheet.

**Direct** them to complete it individually.



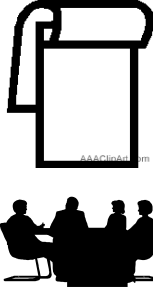
**Allow** 10-15 minutes.

**Circulate** to see how people are coming along and to show that you are available to help (but not *enable!*).

**Alert** the Team when 1 minute remains.

**Call** “Time!” **Ask** members if they were able to get to all 5 scenarios. If not, **give** them another 5 minutes.

**Display** the prepared flip page labeled *Can You Decide?* with the 4 instructional steps for the worksheet.



*Note:*  
If you have a small  
Team, do this step as  
an all-Team discussion.

**Divide** the Team into 5 groups (ideally with 3–5 members each).

**Direct** the groups to:

- Review a scenario,
- Share their answers,
- Discuss any differences,
- Take a few minutes to see if they can resolve those differences, and
- Move on to the next scenario.

**Direct** some groups to begin with scenario A and work “down” while the other groups start with D and move “up.”

**Suggest** that each group have a scribe.

**Point out** that resolving the differences is not the object of the exercise, but trying to will lead the groups to discuss each scenario in much greater detail.

**Allow** 20 minutes.



**Circulate** to see how the groups are coming along.

**Alert** the Team when 1 minute remains.

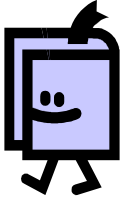
**Call** “Time!”



**Debrief** the worksheet:

1. **Call on** a group to select any scenario and share their points of agreement.
2. **Ask** the same group to share any remaining points of disagreement.
3. **Ask** the other groups whether they have any different points to add to the discussion.
4. **Emphasize** that you are going to comment only on those points that are “off base” in terms of health center and HealthCorps policy.
5. **Ask** questions both when a group is unclear in its meaning and when an important point has been missed.
6. **Repeat** the process, having each group present on one of the

scenarios.



**Direct** members to locate the Worksheet: *3 E's of Empowerment* in the Participant Guide.

**Point out** that you want them to have another tool to take with them for when they're actively serving in the health center.

Quickly **lead** a brainstorm for member ideas on practical ways they can promote *empowerment* among patients / clients.

*Answers should include:*

- ✓ Educate patients that they have an active role to play, that compliance is for their benefit and their family's benefit, how best to work within the health care system.
- ✓ Encourage patients to express their opinions and needs, to learn new things, to identify barriers and how to overcome them. (Also express your own confidence in them — that they can succeed.)
- ✓ Evaluate with the patient how they doing with compliance and self-advocacy; help them understand or create markers to progress in taking responsibility and in improving their health.



Suggested discussion questions:

- Do you prefer to be *empowered* or *enabled* by others?
- Do you tend to help people stand on their own two feet — or try to do too much for them?
- Have you ever disagreed with a family member, friend, or colleague over this issue?
- How might you advocate for yourself in daily life?
- Have you been *compliant* when you've been a medical patient and/or social service client?

Follow-up  
Suggestions



- Assign members to discuss *patient compliance* and *empowerment* with their site supervisors once they begin specific training for their service assignments.
- Occasionally revisit *empowering vs. enabling* at Team meetings throughout the year.



**Proceed** to either:

Lesson D: *A Case of Confidentiality* or Lesson E: *If You Didn't Write It, It Didn't Happen!* of Prescription 2: Patient Relations, or to

The beginning of Prescription 3: Professional Development.

## Lesson C: Empowering vs. Enabling

### Worksheet: Can You Decide?

*Instructions:*

1. *Individually, read the 5 scenarios and write out your answers to the questions.*
2. *With one or more other members, review each scenario and discuss your answers. If your answers differ from theirs, work to see if you and they can come to some agreement. If not, leave your answers as they are.*
3. *Share with the Team any answers on which your group found agreement.*
4. *Then share your differences.*

**A. Pam is a HealthCorps member** who helps people get free or low-cost transportation for health center appointments. One day, a health center patient comes to her, because he has no way to get to the Food Pantry. He states that he needs the food immediately for his wife and three kids. **What should and shouldn't Pam do to help him? Why?**

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**B. Jesus is a HealthCorps member** who helps clients complete Medicaid applications. An elderly, illiterate client seeks him out one day to ask for help completing a lengthy senior housing program application. **What should and shouldn't Jesus do to help? Why?**

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**C. Keisha is a HealthCorps member** who serves as a diabetes educator, helping clients learn to manage their chronic disease. During one visit, the patient states that she has trouble checking her blood sugar and injecting her insulin. She wonders if someone could come to her home and help her. **What should and shouldn't Keisha do and say to this patient?**

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**D. Donna is a HealthCorps member** who helps pregnant women obtain resources for themselves and their newborns. At the last visit with a client named Lacey, Donna provided a list of different places Lacey could call to try to get a free car seat before the baby arrives. (The hospital will not allow the baby to be taken home unless there is a car seat installed in the family car.) At this visit, Lacey says that she did not make any of the calls, because she wanted Donna to do it with her so she'd know what to say. **How should Donna handle this?**

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**E. Cal is a HealthCorps member** who helps provide free eye screenings to clients. One of his clients, Dwayne, has missed three scheduled morning appointments. Dwayne calls again — this time asking for an afternoon appointment, because he can't seem to get up early enough to make the morning times. However, the eye screening is done only in the mornings. **What should and shouldn't Cal do? Why?**

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## Lesson C: *Empowering vs. Enabling*

### Worksheet: *3 E's of Empowerment*

*Instructions: During brainstorming, enter every idea suggested (including your own) in the appropriate section below.*

EDUCATE

ENCOURAGE

EVALUATE

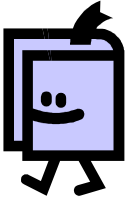
*NOTE:*  
*This page is intentionally left blank.*

## Lesson D: A Case of Confidentiality

Lesson:	<i>A Case of Confidentiality</i>
Objectives:	<p>After this lesson, members will be able to:</p> <ul style="list-style-type: none"> <li>• Describe at least 3 legal / ethical issues surrounding patient confidentiality.</li> <li>• Identify steps to take when discussing medical confidentiality with patients and their families.</li> </ul>
You will need:	Information Sheet, <i>Meeting the Einsteins</i>
Estimated Time:	30 minutes to 1 hour
Gaining an Understanding:	<ol style="list-style-type: none"> <li>1. Introduce the lesson objectives.</li> <li>2. Members read Information Sheet: <i>Meet the Einsteins</i></li> <li>3. Members mark the story for confidentiality lapses and potential lapses.</li> <li>4. Members discuss lapses, their likely effect, how they can be prevented.</li> <li>5. Brainstorm on all barriers to effective communication described or implied in the story.</li> </ol>
Building Skills:	<ol style="list-style-type: none"> <li>1. Present how to educate clients and their families on medical confidentiality.</li> </ol>
Follow-up might include:	<ul style="list-style-type: none"> <li>• Observing health center waiting rooms to identify possible difficulties in maintaining confidentiality</li> <li>• <i>After Lesson E of this Module and one or more Lessons in “Health Outreach” and “Health Education”</i>: Rewriting the Information Sheet: <i>Meet the Einsteins</i> to include all of the information / communication that the HealthCorps member should provide at each meeting with the family.</li> </ul>

Lesson D

**A Case of Confidentiality** -- 30 minutes to 1 hour max.



**Direct** members to Lesson D in the Participant Guide.

Lesson Objectives

**Introduce** the objectives of this lesson:



After completing this lesson, members will be able to:

- Describe at least 3 legal / ethical issues surrounding client / patient confidentiality.
- Identify steps to take when discussing medical confidentiality with patients and their families.



**Direct** members to locate and read the Information Sheet: *Meet the Einsteins*.

**Allow** 5 minutes while observing individuals to gauge their reading comfort and speed.

Gaining an Understanding

**Remind** members of Lesson A: *Confidentiality*.

**Direct** members to mark in the story they've just read any places

30 minutes max



where there is a lapse or potential lapse of confidentiality.

*Note: Your copy of the Information Sheet: Meet the Einsteins has:*

- 2 such situations marked [**LAPSE**] and
- 1 such situation marked [**potential LAPSE**].

**Allow** 2 minutes.

**Lead** a brief discussion of the situations members have identified.

**Point to** any such situation they missed.

**Ask** members to describe the possible affect on the Einsteins of each lapse / potential lapse.

**Ask** members to provide examples of:

- How they would prevent each one, and
- If each did occur, how they would recover the situation.



If you think members need a refresher on this subject, **direct** them to re-read Part One: The Importance of Confidentiality in this module's "Reader."

**Return** members' attention to the Einsteins.

**Direct** members to mark in the story any places where there is a barrier or potential barrier to effective communication.

*Note: Your copy of the Information Sheet: Meet the Einsteins has:*

- 8 such situations marked [**BARRIER**] or [**BARRIERS**] and
- 3 such situations marked [**potential BARRIER**].

**Allow** 3 minutes.

**Remind** members of Lesson B: *Strategies for Effective Communication*.

**Lead** a brainstorming session to identify every possible barrier or potential barrier in the Einstein story.

**Ask** a member to serve as scribe, writing key words on a flip pad.

After members have identified all they can, **point to** any such situation in the story that they missed.

**Explain** that they will have an opportunity later in the lesson to suggest how to prevent or rectify all of these barriers.



**Present** information on how to educate clients and their families on medical confidentiality, including:

- Referring them to the HIPAA documents they received from the health center;
- Explaining those documents further, as needed;
- Assuring them that you are under the same restrictions regarding confidentiality as all of the health center employees;
- Giving them a few examples of those restrictions; and
- Answering their questions on the subject, even if it means saying, “I don’t know the answer to that question, but I will get it for you.”



**Review** with members the Information Sheet: *Meet the Einsteins* to identify any remaining difficulty or potential difficulty in the story that you and the Team have not yet addressed.

**Discuss** any such item.

**Ask** members if they have any questions for you.



- Observing health center waiting rooms to identify possible difficulties in maintaining confidentiality
- *After Lesson E of this Module and one or more Lessons in “Health Outreach” and “Health Education”*: Rewriting the Information Sheet: *Meet the Einsteins* to include all of the information / communication that the HealthCorps member should provide at each meeting with the family.



**Proceed** to either:

- Lesson E: *If You Didn’t Write It, It Didn’t Happen!* of Prescription 2: Patient Relations, or to
- The beginning of Prescription 3: Professional Development.

*NOTE:*  
*This page is intentionally left blank.*

## Lesson D: A Case of Confidentiality

### Information Sheet: *Meet the Einsteins*

**October 7, 2003**

Mr. and Mrs. Einstein have come to the Caring Community Health Center with their daughter, Juliette, because she has had difficulty breathing for the last few days. The Einsteins recently moved to the neighborhood so Mrs. Einstein could take a new job. Mr. Einstein is currently unemployed, and he stays home to take care of their 8-year-old daughter. The family has limited health insurance through Mrs. Einstein's new job, but their daughter is not covered at all.

As they sign in at the health center desk, Mrs. Einstein overhears the nurse and the receptionist talking about one of the people who uses the health center. **[LAPSE]** The information seems rather personal, and Mrs. Einstein is startled to find them discussing such things in an open area — practically *in* the waiting room. She whispers to her husband that she is concerned about the fairness of the staff here and wonders if their own “business” will also be discussed like that if they begin using the health center regularly. **[BARRIER]**

## November 18, 2003

Dr. Lopez diagnosed Juliette with asthma back in October and encouraged the family to enroll in Caring Community Health Center's Asthma Home Visiting Program. Your service assignment is with this program, and you have received all of the appropriate training. The Einsteins are the first family you are visiting. Your appointment with them is at 4:00, so Juliette will be home from school.

After you knock on their apartment door, Mr. Einstein opens the door and invites you in. When you called him to make today's appointment, you described the procedure you would be following, so he is ready to show you around their apartment.

Juliette is playing with the dog and watching TV. **[BARRIERS]** Mr. Einstein has a friend over helping to sand the walls in the kitchen. **[potential LAPSE]** **[BARRIERS]** The kitchen windows are open, **[BARRIER]** and the smell from a nearby highway is pretty strong. Juliette has her own bedroom with a very small window.

You are making many observations as Mr. Einstein shows you around, including the fact that everything going on in the apartment at the moment will prevent effective communication during your health education session. You point this out to him politely, and together you establish a sufficiently quiet and private environment in the living room.

You ask Juliette an open-ended question, "Tell me about your asthma." She and her father begin to share a lot of information, including what Dr. Lopez told them at the health center, that Juliette was afraid of Dr. Lopez **[BARRIER]**, how the medicine has been

working, and that the kids make fun of her at school because of her inhaler. **[BARRIER]**

You ask a few detailed questions based on what they have described so far. Then you proceed to teach them about the specific asthma triggers you have observed in their home and how the family can reduce or eliminate them. You also review a couple of handouts with Juliette (who reads well) and her father, pointing out that they should share these materials with Mrs. Einstein as soon as possible. **[BARRIER]**

When you leave, you thank the Einsteins for their hospitality and head back to the health center. On the way, you meet another member assigned to the program. As you walk together, you compare notes in detail on the home visits you have each made that afternoon. **[LAPSE]**

December 13, 2003

You are at the health center. It is 4:50 pm, almost time to go home. Your phone rings, it is Mrs. Einstein calling. She informs you that she and her husband have to go and pick up his sister at the airport, and she asks if you could come by and watch Juliette. **[potential ENABLING]**

You are torn. **[potential BARRIER]** After all, you're not doing anything particular this evening, and you like to be helpful. On the other hand, Mrs. Einstein's request contradicts everything you were told in the training for the home visit program. **[potential BARRIER]**

January 5, 2004

You are meeting the Einsteins at the health center to discuss their visit the next day with the “outside” allergist. Mr. Einstein is assuming that you will be attending the visit with them, so he has not prepared any information or questions for the doctor.

**[potential ENABLING]**

In addition, Mr. Einstein asks you to schedule a follow-up appointment for Juliette with Dr. Lopez, so he can tell them what the allergist has decided they should do next. **[potential ENABLING]**

You feel like lecturing Mr. Einstein on what he *should have done*. **[potential BARRIER]** However, you proceed to tackle the problems one at a time in a professional manner.

## **January 16, 2004**

Today Dr. Lopez is seeing Juliette and her parents for a follow-up visit after they have seen the allergist.

Dr. Lopez greets the family and begins to examine Juliette. While he is examining her, he begins to talk about asthma triggers, including pets. The family looks surprised: they already knew about this, because you had talked with them about it. **[potential BARRIER]** Dr. Lopez moves on to several other important points about asthma such as dust and molds, ventilation, and air pollution. Again the family informs him that you have provided this information already. Dr. Lopez makes a little joke by saying, “Well! I guess you’re getting double the health education today!”

Dr. Lopez concludes his exam by explaining that Juliette’s condition has clearly improved and telling the family to refill the prescriptions and schedule another appointment for six weeks from today.

After the visit, Dr. Lopez calls you into his office with your site supervisor. Though he does not appear angry, he is stern in his message to you: he was disappointed that your earlier sessions with the Einsteins were not recorded in the patient’s file. **[BARRIER]** *[lead-in to Lesson E on documentation]*

## Lesson E: *If You Didn't Write It, It Didn't Happen!*

Lesson:	<b>If You Didn't Write It, It Didn't Happen!</b>
Objectives:	<p><i>Note: This lesson should be included in Pre-Service Orientation, because it relates both to member service assignments and their HealthCorps activity reporting.</i></p> <p><i>Also, either review this material with a member of clinical staff or medical records to get their approval before you facilitate the lesson, or have one of them facilitate the lesson.</i></p> <p>After completing this Lesson, members will be able to:</p> <ul style="list-style-type: none"> <li>• Discuss the importance of documenting each patient interaction, even when it is not strictly medical.</li> <li>• Tell the difference between a good documentation and a poor one.</li> <li>• Document an interaction in the third person (“the HealthCorps member”), including only facts, and including his or her name.</li> </ul>
You will need:	<ul style="list-style-type: none"> <li>• Prepared flip page labeled <i>Lesson Objectives</i></li> <li>• “HealthCorps Reader” for this module</li> <li>• Prepared flip page with no title, just a bulleted list of the words VISIT, SESSION, ENCOUNTER, MEETING, APPOINTMENT, HOME VISIT, INTERACTION, PHONE CALL</li> <li>• Prepared flip page labeled <i>Benefits of Documentation</i> with 4 bulleted items: Patient, Providers, Health Center, HealthCorps Member</li> <li>• Worksheet: <i>Recording Star!</i></li> </ul>
Estimated Time:	1 hour max
Gaining an Understanding:	<ol style="list-style-type: none"> <li>15. Introduce the lesson objectives.</li> <li>16. Members read the “HealthCorps Reader.”</li> <li>17. Display prepared flip with 8 terms.</li> <li>18. Discuss the terms.</li> <li>19. Discuss the title of the lesson.</li> <li>20. Display prepared flip labeled <i>Benefits of Documentation</i>.</li> <li>21. Discuss the benefits to the various parties.</li> </ol>

	22. Differentiate <i>documentation</i> from AC reporting.
Building Skills:	<p>7. Discuss sample documentation in the “Reader.”</p> <p>8. Members complete Worksheet: <i>Recording Star!</i> individually.</p> <p>9. In pairs, members improve their practice documentation.</p> <p>10. Debrief quickly.</p> <p>11. Emphasize any pointers they need to improve their practice documentation.</p>
Reflection might include:	<p>If time permits immediately following the lesson, <b>ask</b> members to share on the following question:</p> <ul style="list-style-type: none"> <li>• “Picture yourself when you have been a patient, in the doctor’s office or the emergency room or for surgery... How would you like that encounter to have been documented?”</li> </ul>
Follow-up might include:	<ul style="list-style-type: none"> <li>• Assign members some homework: Write one-paragraph documentations of several initial “encounters” with health center staff during PSO and the week(s) after, such as their first meeting with HR, with the site supervisor, with other departments. Strive for brevity, clarity, and facts.</li> </ul>

## Lesson E



### ***If You Didn't Write It, It Didn't Happen! --***

1 hour max



**Direct** members to Prescription 2: Patient Relations in the Participant Guide.

## Lesson Objectives



**Introduce** the objectives of this lesson:

After completing this Lesson, members will be able to:

- Discuss the importance of documenting each patient interaction, even when it is not strictly medical.
- Tell the difference between a good documentation and a poor one.
- Document an interaction in the third person (“the HealthCorps member”), including only facts, and including his or her name.



**Direct** members to locate the “HealthCorps Reader” for this module and read Part Three: The Importance of Documentation.

**Allow** 3-5 minutes while observing individuals to gauge their reading comfort and speed.

Gaining an Understanding

30 minutes max



**Display** the prepared flip page with a bulleted list of the words:

- VISIT
- SESSION
- ENCOUNTER
- MEETING
- APPOINTMENT
- HOME VISIT
- INTERACTION
- PHONE CALL

**Ask** members what all of these words have in common.

*Answer: They all refer to contact between a client / patient and the health center.*

**Point out** that 2 of these words are generally used in health centers to refer to their contacts with clients / patients. **Ask** members to try to identify those 2.

*Answer: Encounter and Interaction.*

**Ask**, “What do the other 6 words have in common?”

*Answer: They all refer to types of encounter or interaction.*

**Ask** members how they interpret the title of this lesson, *If You Didn't Write It, It Didn't Happen!*

*Answers should include:*

- ✓ *It's important to document what happens with a patient.*
- ✓ *If we don't tell people at the center what happens with our patients, they won't know.*
- ✓ *If there's nothing to go in the patient file about my health education session or my home visit or my reminder phone call, then people in the future won't have a clear trail to understand what the patient's been through.*
- ✓ *The record of health center services provided this client will be incomplete.*



**Emphasize** that:

- All such answers are correct;
- They apply as much to a private physician's office or HMO or hospital as they do in community health care;

- Each medical and social service organization has its own standards and requirements for how, when, and where documentation should be done; and
- HealthCorps members will be instructed by their site supervisors precisely what they are to document — which may differ from records kept by health center staff.

**Display** the prepared flip page labeled *Benefits of Documentation* with 4 bulleted items:

- Patient
- Providers
- Health Center
- HealthCorps Member

**Ask**, “Does the patient do better with good documentation?”

*Answers should include:*

- ✓ *S/he doesn't have to start over with each provider.*
- ✓ *S/he doesn't spend so much time answering questions over and over.*
- ✓ *S/he can trust that the information is accurate, so providers will make few if any mistakes.*
- ✓ *S/he doesn't have to keep such detailed records at home.*

**Ask**, “What are the benefits to the various providers here?”

*Answers should include:*

- ✓ *They don't have to remember details of the patient's last visit.*
- ✓ *They don't have to waste time asking the same questions — either of patients or other staffers.*
- ✓ *They can rely on the accuracy of the information.*
- ✓ *They are less likely to make a mistake.*

**Ask**, “How about for the health center as a whole?”

*Answers should include:*

- ✓ *Operations are smoother, more efficient.*
- ✓ *That saves everyone time and money.*
- ✓ *It provides legal protection against malpractice suits.*

**Ask**, “And what does it do for you ?”

*Answers should include:*

- ✓ *We learn how to do it correctly.*

- ✓ *We can find out what our predecessors did with that patient, such as health education or home visits.*
- ✓ *We are legally protected, along with the health center.*

**Explain** that members will also be capturing encounter information as part of their AmeriCorps reporting up to the coordinator, who in turn reports it up to NACHC, and thence up to the AmeriCorps office. **Remind** members of the “Big Picture” lesson at the beginning of PSO.

However, **emphasize** that client / patient names and details are not used in such reporting, “Whereas health center documentation is for the benefit of the *patient*, AmeriCorps reporting is to provide evidence to the federal government that our *program* has a true impact on the community we serve.”

Building Skills  
45 minutes max

**Announce** that it’s almost time for some practice in documenting encounters — “But first, tell me about the good and bad examples in the Reader.”

*Note: Your Team need not be involved in home visits to benefit from the examples in the Reader, especially if they have done Lesson D: Meet the Einsteins. However, feel free to substitute one with a more appropriate service activity.*

**Lead** a discussion on every aspect of the two samples. **Point out** any important features that members miss.



**Direct** members to locate the Worksheet: *Recording Star!* in the Participant Guide and read it.

**Ask** if members have any questions about the instructions.

**Direct** them to complete the worksheet.



**Allow** 15-20 minutes.

**Circulate** to see how people are doing and so they know you are available for questions.

**Alert** the Team when there is 1 minute left.

**Call**, “Time!”



**Divide** the Team into pairs.

**Direct** them to trade papers, read one another’s documentation, and together write an even better one.

**Ask**, “What are you going to be looking for?”

*Answers should include:*

- ✓ *Brevity*
- ✓ *Clarity*
- ✓ *Third person*
- ✓ *Facts*
- ✓ *No opinions or “impressions”*
- ✓ *Member’s name*

**Allow** 7 minutes for the first one, then 5 minutes for the second.

**Ask** for volunteers to read aloud their version of Encounter #1.

**Ask** for input from the Team.

**Add** anything important that the Team missed.

**Repeat** for Encounter #2.

In closing out the lesson, **emphasize** any pointers which the Team as a whole seems to need to improve their documentation.



If time permits immediately following the lesson, **ask** members to share on the following question:

- “Picture yourself when you have been a patient, in the doctor’s office or the emergency room or for surgery... How would you like that encounter to have been documented?”

Follow-up  
Suggestions



- Assign members some homework: Write one-paragraph documentations of several initial “encounters” with health center staff during PSO and the week(s) after, such as their first meeting with HR, with the site supervisor, with other departments. Strive for brevity, clarity, and facts-only.



**Proceed to:**

- The beginning of Prescription 3: Professional Development.

## **Lesson E: *If You Didn't Write It, It Didn't Happen!***

### **Worksheet: *Recording Star!***

*Instructions:*

1. *Read the two scenarios carefully.*
2. *Rewrite each as a one-paragraph "encounter documentation."*
3. *Meet with another member to discuss your different versions.*
4. *Combine them into an even stronger version.*
5. *Share it with the Team to show that you are a Recording Star!*

### **Encounter #1: *Health Education***

You are assigned to pre-diabetes health education. Primarily, you meet with health center patients who have been identified as having high risk factors for diabetes, such as obesity, poor nutrition, and lack of exercise. Your tasks involve using a checklist with the patient to find out their current lifestyle habits and counsel them on improving these habits where necessary.

You have just had a visit with a "new" patient — that is, you have not worked with him before. Tim Sutton arrived about 5 minutes late. He told you everything that the doctor had told him about his pre-diabetes. (You already knew most of it from the doctor's documentation in Mr. Sutton's file, but that's OK.) He was very eager to learn what to do about his weight, but he kept interrupting you as you asked him the questions from the checklist and as you started providing him with the appropriate information and printed materials. In fact, he was *so* talkative that educating him was really difficult. You decided not to worry about how much information he understood from this first visit, but you did set a boundary to lay the ground rules for his second visit: You complimented him on being so eager to learn but also told him that you can't help him if he won't listen.

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## HealthCorps Reader

### ***Part One: The Importance of Confidentiality***

Maintaining confidentiality should be emphasized as one of the foremost concerns of the health center when working with patients. It is critical that members understand that confidentiality extends to *all* aspects of conversation with other members, health center employees, family, friends, and strangers. At times members may feel compelled to talk about a patient they worked with or a house they visited, because the situation has brought up a lot of feelings for them; many times these experiences provide good discussion topics for the HealthCorps team as a whole. However, it is all right to talk about a case *only* when names and other personal identifiers are not used.

AmeriCorps members are responsible to the patients, the team, and the health center for protecting confidentiality.

Each health center should train all of its staff and volunteers, including AmeriCorps members, about its specific processes and rules concerning confidentiality. Thus, all members are responsible for asking any questions they have about confidentiality until they have sufficient understanding of the issue to meet all health center standards.

Situations may arise when the police, media, or outside agencies ask for information about a health center user. The health center should have policies in place naming a spokesperson or representative who speaks for the center as a whole. If a member is ever involved in such a situation, he or she should always consult the site supervisor or team coordinator.

Members should understand that referring to a patient by their illness could be a breach of confidentiality. For example:

*John, an AmeriCorps member for the past 3 months, has been working with an outreach van to provide primary and preventive care to the homeless in the community. He knows many of the patients by their first names and has become close to some of them. One day, Alexandra, another HealthCorps member, came out on the van with John to observe. Prior to coming up to the first homeless person, John whispered to Alexandra, "He has AIDS and has been a drug user for ten years." Alexandra seemed a little startled, and when the homeless person began talking to her, she acted awkwardly. The homeless person quickly knew that Alexandra was afraid of his AIDS and felt uncomfortable. The homeless person did not come back to the outreach van for several weeks. Instead, he was found in an alley with pneumonia.*

Although this case may appear extreme, the message of the story is that John broke his confidentiality with the homeless person. Instead, John should have oriented Alexandra prior to going out on the van about the types of situation she might experience. Such orientation can include general descriptions of the homeless population served by the van, but not information about the individual patients.

The level of trust that a patient or other health center user builds with a member is based around the level of confidentiality provided by the member. Once that confidentiality is broken, the patient in turn may break off communication not only with the member but also with the health center as a whole.

### *HIPAA*

In 1996, the Federal government enacted a new law regarding patient confidentiality named the Health Insurance Portability and Accountability Act, or "HIPAA" as it is generally called. The law took effect on April 14, 2003.

As listed by the *Washington Post* the next day, HIPAA gives all patients the following rights over their own medical information:

- To inspect, obtain a copy of, and request a correction of errors in their medical records.

- To ask doctors and health plans to disclose who else has seen the records.
- To request certain restrictions on the disclosure of medical data.
- To ask that information be delivered to a location other than the address of record.
- To bar hospitals from releasing information about inpatients to the public, including friends and family members.

AmeriCorps members should be trained in HIPAA regulations when their health center introduces them to site-specific rules and processes for insuring confidentiality. HIPAA rules are, in general, more rigid than health care providers observed prior to April 2003. In some cases, community health centers, hospitals, and private practices had to develop completely new office systems in order to meet the HIPAA standards.

## ***Part Two: Working with Patients***

Patients want to be able to trust health center staff, volunteers, and AmeriCorps members. They do not want their personal situations known to the community at large. Experienced health care providers know that trust is absolutely essential if the patient (or the pediatric patient's parent) is going to be willing to describe physical and psychological symptoms, home and work environments accurately and thoroughly. How is such trust to be developed?

Following are basic tips for communicating in a manner that tends to develop trust with the other person. Employed from the beginning of a member-patient relationship, these techniques can go a long way in avoiding hurt feelings, embarrassment, and misunderstanding all around.

- The member builds empathy (the ability to understand another's point of view):
  - ✓ by putting him- or herself in their shoes.
  - ✓ by acknowledging family members, background, and household belongings as helps in relating to and understanding the family.
- The member seeks to understand non-verbal communication, both his/her own and that of the patient:
  - ✓ through awareness of how his/her body and face are reacting to the person speaking.
  - ✓ by not crowding someone when they are speaking, thus invading their personal space.
  - ✓ by observing the patient's body language and facial expressions.
- The member tries to find the right balance between listening and talking:
  - ✓ By allowing them to finish *their* thoughts before responding.

At the same time that members serve their patients and build positive relationships with them, there is always a line that members should not cross. On one side of that line, the member is assisting the patients in standing on their own feet, while on the other side, the member is doing for the patient what the patient must do for himself.

Following is a way to define the difference between helping people gain power vs. preventing them from doing so:

- *Empowering patients* providing the information and skills necessary for the patients to make choices and ensuring that the patients act upon their choices.
- *Enabling patients* solving the patients' problems for them and not encouraging them to take control of their own situations.

### ***Part Three: The Importance of Documentation***

Documentation of every medical encounter can become a “downside” of serving the community. “Nothing slows a day down like a good stack of charts.” Why do people do it? Why bother?

Doctors and nurses do it because they are deeply aware of how important the continuum of care is as patients move between different personnel in a health care setting; they do not want any patient to lose out on the opportunity for optimum and thorough care because of incomplete medical records. At the same time, providers know that the legal standards of sound medical practice require absolute accuracy.

Early on, members should be educated on the importance of documenting their interactions with patients. Every health center may have different policies on what a member can or cannot write on an actual patient record. Members should abide by their health center’s policies.

Below are two versions of a member’s documentation after conducting an environmental-health home assessment. Included are what the member saw and some important notes about what the patient told the member. The first is considered an ideal written account of the home visit, whereas the second shows how it can be done poorly.

#### *Version A – Ideal Documentation*

*Home visit with client to discuss client’s daughter’s (Juliette) asthma. Client was smoking a cigarette when AmeriCorps member arrived. Client put out cigarette at AmeriCorps member’s request. AmeriCorps member observed household triggers such as an old living room rug that had not been recently vacuumed, mouse droppings near the kitchen stove, and the daughter’s bedroom with one small window for limited ventilation. AmeriCorps member and client discussed health center services for cleaning the home. Client stated he recognized the need for cleaning and was willing to make an appointment. AmeriCorps member scheduled an appointment for client’s daughter with Dr. Taylor on Friday, May 20 at*

*3pm. Client stated he would attend appointment. Note for reminder call placed in chart. — Sally Jones, AmeriCorps member*

### **Version B – Poor Documentation**

*Upon arrival Mr. Einstein answered the door and invited me in for a tour of the house. I noticed that the house was dirty and it was very stuffy. I told Mr. Einstein about some stuff the health center can do for her. He was unclear and angry at me. I told him to come in later this week. I made a note to myself to call him on Thursday. I really felt that Mr. Einstein did not care about his daughter.*

In Version B, the member wrote in the first person (“I”) and let several personal opinions enter the medical record. Also, she did not enter her name. In comparison, Version A is written in the third person (“the AmeriCorps member”), is a record of the facts, and includes the member’s name.

Members should be encouraged to be detailed as in the first version. In the beginning, members should be encouraged to write everything they see or do to avoid leaving out the most important facts. With practice members will learn medical coding and abbreviations to make the record more brief and to the point without omitting anything of importance.

*NOTE:*

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