

IHA Innovate to Communicate Workshop

Time	Topic	Lesson Plan
15 min	Introduction	Review power point
20 min	Medicine review	<p>Stop at Medicine review slide, play video, set up role play scenario</p> <p>Break attendees into small groups or into breakout rooms if virtual</p> <ul style="list-style-type: none"> ● Make sure everyone has access to role play scenario. Use one of the following: <ul style="list-style-type: none"> - QR code on PowerPoint - Printed handout - Share your screen to display scenario ● Have group brainstorm key teaching points and teaching strategies ● Ask 2 people to volunteer to act as provider and patient ● Instruct others on accessing and using Communication Observation Form (handout, link, QR code)
25 min	Pediatric teach back	<p>Stop at Pediatric teach back slide, play video, set up role play scenario. Break attendees into small groups or into breakout rooms if virtual</p> <ul style="list-style-type: none"> ● Make sure everyone has access to role play scenario. Use one of the following: <ul style="list-style-type: none"> - QR code on PowerPoint - Printed handout - Share your screen to display scenario ● Have group brainstorm key teaching points and teaching strategies ● Ask 2 people to volunteer to act as provider and patient ● Instruct others on accessing and using Communication Observation Form
15 min	Kahoot game	Stop at Kahoot game slide. Play game.
10 min	Q & A	Q & A
5 min	Evaluation	<p>Stop at Evaluation slide</p> <ul style="list-style-type: none"> - Use QR code - Provide paper evaluations if needed

Link to ITC Adult Med Review video:

<https://drive.google.com/file/d/1sbYuAmJdDvMySOcjns0B7hRFHzqPd46s/view?usp=sharing>

Link to ITC Pedi Teach Back video:

<https://drive.google.com/file/d/18KMK21ulymK--YMPdrYlr2cpOqaS8O1T/view?usp=sharing>

Adult Medicine Review Scenario

Role Play – Provider Perspective

This is a medicine review encounter. The goal for this visit is to determine what medicines the client is taking and how they are taking them.

The 68-year-old client has Type 2 Diabetes, hypertension, and high cholesterol. S/he had an annual physical last month with a primary care provider and then started a new prescription for Lomitapide (Juxtapid) for high cholesterol. A cardiologist prescribed the new medicine 2 weeks ago.

Home medicine list:

- Aspirin 81 mg daily
- Atenolol 25 mg daily
- Atorvastatin 40 mg daily
- Citrizine 10 mg daily
- Enalapril 5 mg twice daily
- Ezetimibe 10 mg daily
- Lomitapide 10 mg daily
- Metformin 500 mg twice daily
- Multivitamin daily

Some things you should know about Lomitapide are:

- It should be taken once daily with a glass of water, without food
- It should be taken at least 2 hours after the meal, because taking it with food may increase the risk of GI side effects
- Clients who take Lomitapide need monthly liver function test monitoring
- Clients should report nausea, vomiting, fever, jaundice, and flu-like symptoms
- Clients should not drink more than 1 alcoholic drink per day while taking Lomitapide
- Clients should not eat grapefruit or drink grapefruit juice while taking Lomitapide
- Clients should avoid over the counter medicines that contain Acetaminophen and limit Acetaminophen to 2 grams/day

How would you organize a medicine review to chunk meds from this list together?

What potential risks do you recognize that are barriers for the patient?

How can you overcome those as the provider?

Role Play – Client Perspective

You are a 68-year-old client who had your annual physical last month. You have Type 2 Diabetes, high blood pressure, and high cholesterol. Since your annual physical with your primary care provider (Dr. Martinez), you also had a cardiologist appointment. Your cardiologist prescribed a new medicine for your cholesterol. You already took two other cholesterol medicines. Many of your family members have high cholesterol as well.

You come to the outpatient clinic for a Brown Bag Medicine Review today. You brought your medicine bottles as directed, including over the counter medicines you take like Acetaminophen for a headache. You have a follow up appointment with your cardiologist in 2 weeks for labs.

You feel tired today and haven't been sleeping well because of noises outside your home like dogs barking, trucks driving by, etc.

You manage most of your medicines by taking most of them only in the morning. You take one tablet or pill of each medicine. You have not had side effects like nausea, vomiting, or abdominal cramping with your medicines. Here's your normal routine:

Morning (before breakfast)

- Aspirin (to prevent a heart attack)
- Atenolol (blood pressure)
- Atorvastatin (cholesterol)
- Cetirizine (allergies)
- Enalapril (blood pressure)
- Ezetimibe (cholesterol)
- Lomitapide (new cholesterol)
- Metformin (diabetes)
- Multivitamin

Evening (after dinner)

- Enalapril (blood pressure)
- Metformin (diabetes)

Over the Counter

- Acetaminophen

One of the inconveniences of your new cholesterol medicine is that Medicare doesn't cover the Lomitapide, and it's not a generic. Lomitapide also has to come from a special pharmacy, and they mail it to your home. The rest of your medicines come from Sam's Club near your neighborhood, and you typically pick them up.

Facilitator notes

- Provider should use “medicine” not “medication”
- Goal is for client to pick up medicine bottle, explain what it’s for, and how much they take
- Provider should recognize risk when multiple providers are prescribing
- Provider should recommend client with bring medicines to each appointment
- Client will reveal they take new cholesterol medicine (Lomitapide) in morning, and provider should correct them and teach it is best to take in evening 2 hours after meal. Provider has Lomitapide teaching points.
- It would be clinically realistic for a client to take all evening medicines at the same time (e.g., 8 or 9 p.m.)

Logistics:

- Have the class divide into groups of 3-4 people (when in person).
- Brainstorm teaching ideas/plan
- Have 2 attendees volunteer for
 - Role 1: Client
 - Role 2: Health care provider
- Other Roles: Instruct to use Communication Observation Form from the AHRQ Health Literacy Universal Precautions Toolkit

Pediatric Teach Back Scenario

Role Play – Provider Perspective

This is a teaching encounter. The goal of this encounter is for the parent to understand and to be able to give their child pain medicine at home to control post-operative pain.

The 9-year-old boy is post-op tonsillectomy/adenoidectomy and is going home today. The primary concern is pain management at home.

Home medicine list:

- Acetaminophen (Tylenol) 12.5 mL [160 mg/5 mL on the label] by mouth every 6 hours for the first 3 days then as needed after day 3.
- Ibuprofen (Motrin) 15 mL [100 mg/5 mL on the label] by mouth every 6 hours for the first 3 days then as needed after day 3.

For optimal pain management, instruct the parent to give acetaminophen (Tylenol) and ibuprofen (Motrin) on an alternating schedule. The goal is for the child to have pain medicine every 3 hours. Provider should be careful about interchanging generic/brand names like Acetaminophen and Tylenol, because client might not know they are the same medicine

For example,

- 8 am Acetaminophen (Tylenol)
- 11 am Ibuprofen (Motrin)
- 2 pm Acetaminophen (Tylenol)
- 5 pm Ibuprofen (Motrin)

Role Play – Client Perspective

You are a parent of a boy who is 9 years old who has struggled with multiple throat infections over the last two years. His primary care provider referred him to an Ear Nose & Throat (ENT) doctor to look. The ENT felt it was time to have his tonsils and adenoids removed. This surgery is called a tonsillectomy/adenoidectomy. After surgery, pain control and staying hydrated are very important to recovery. If the pain is not controlled, he will not want to drink. You also have 2 younger children at home with your husband. You are now being instructed by the nurse on how to take care of your child's pain at home.

Facilitator Prompts

- Have class divide into groups of 3-4 people (when in person).
- Brainstorm teaching ideas/plan
- Have 2 attendees volunteer for
 - Role 1: Client
 - Role 2: Health care provider
- Other Roles: Instruct to use Communication Observation Form from the AHRQ Health Literacy Universal Precautions Toolkit

Communication Observation Form

Please observe the interaction between a patient and a specific clinician or staff member.

Answer the following questions either yes or no to provide feedback about the quality of the communication you observe. Feel free to write notes that can help the clinician or staff member to improve his or her communication in the future.

1. Did this clinician or staff member explain things in a way that was easy to understand?	Yes	No
2. Did this clinician or staff member use medical jargon?	Yes	No
3. Was this clinician or staff member warm and friendly?	Yes	No
4. Did this clinician or staff member interrupt when the patient was talking?	Yes	No
5. Did this clinician or staff member encourage the patient to ask questions?	Yes	No
6. Did this clinician or staff member answer all the patient's questions?	Yes	No
7. Did this clinician or staff member see the patient for a specific illness or for any health condition?	Yes	No
If No, Form Is Complete		
If Yes, 7a. Did this clinician or staff members give the patient instructions about what to do to take care of this illness or health condition?	Yes	No
If No, Form Is Complete		
If Yes, 7b. Were these instructions easy to understand?	Yes	No
7c. Did this clinician or staff member ask the patient to describe how they were going to follow these instructions?	Yes	No

Please note any other comments about the encounter below:

Communication Self-Assessment

Directions: After a patient encounter, rate your level of agreement to the statements in the table. Your self-assessment is subjective, but it allows you to examine your oral communication with patients honestly. After completing the assessment, think about how you could improve.

	Disagree	Neutral	Agree
I greeted the patient with a kind, welcoming attitude.			
I maintained appropriate eye contact while speaking with the patient.			
I listened without interrupting			
I encouraged the patient to voice his or her concerns throughout the visit.			
I spoke clearly and at a moderate pace.			
I used non-medical language.			
I limited the discussion to fewer than 5 key points or topics.			
I gave specific, concrete explanations and instructions.			
I repeated key points.			
I used graphics such as a picture, diagram, or model to help explain something to my patient (if applicable).			
I asked the patient what questions he or she had.			
I checked that the patient understood the information I gave him or her.			

What areas can you improve on? What strategies can you use to improve them?
