

**MAKING THE MOST OF  
YOUR DOCTOR'S  
APPOINTMENT:**

***YOU THOUGHT YOU WERE PREPARED***

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**SALMHA AZIMY, BS**

**ALFREDA BEGAYE, CMA**

# OVERVIEW

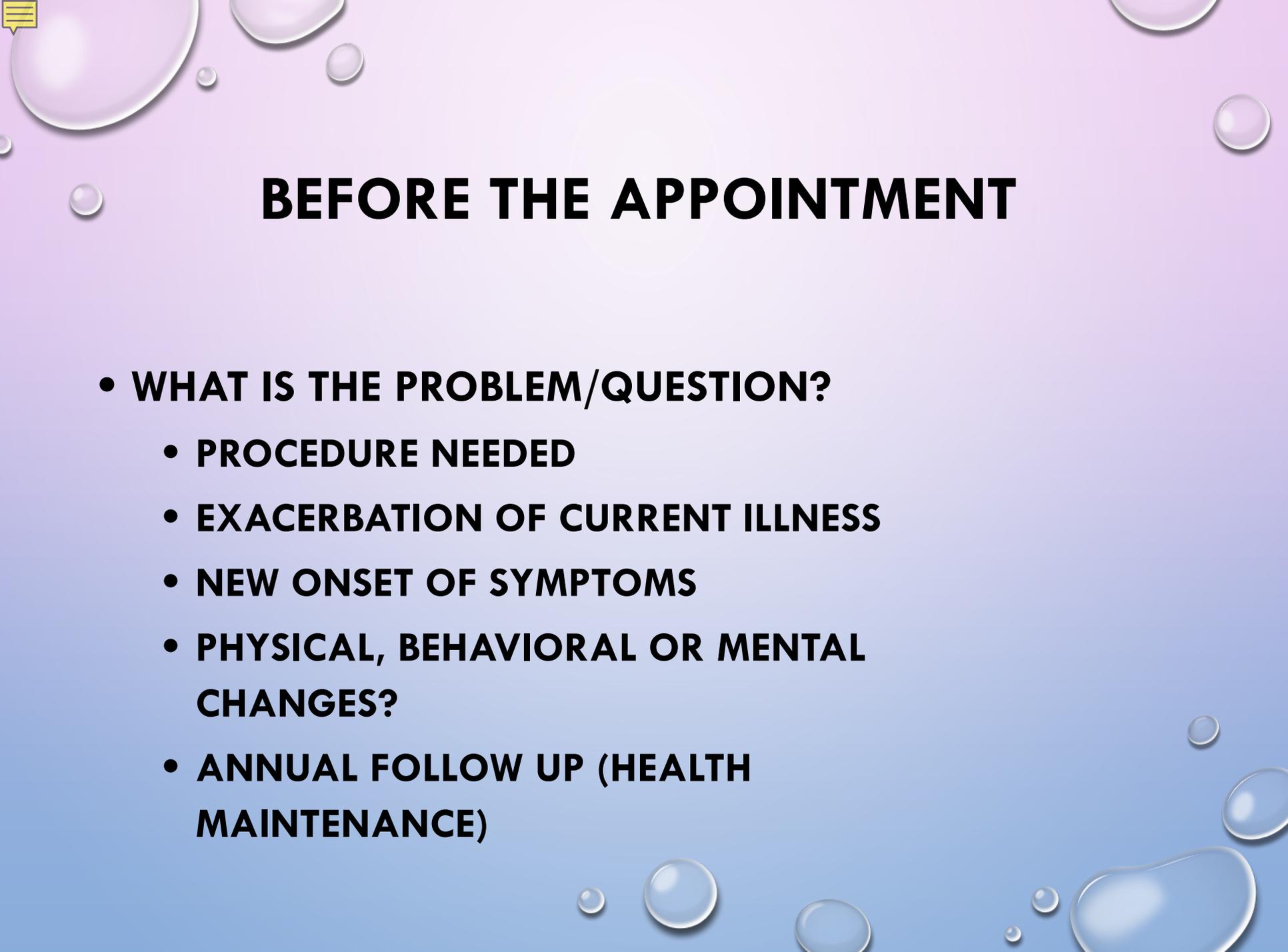
- **BEFORE APPOINTMENT TASKS**
- **PREPARING FOR APPOINTMENT: MATERIALS YOU SHOULD BRING**
- **DURING THE APPOINTMENT:**
  - **ASSURE YOUR CONCERNS ARE ANSWERED**
  - **ASK QUESTIONS**
- **AFTER THE APPOINTMENT:**
  - **COMMUNICATION**
  - **OUTCOME OF TREATMENT**

***ASK QUESTIONS \* QUESTIONS \* QUESTIONS!***

# OBJECTIVES

## PARTICIPANTS WILL

- **1. BE ABLE TO LIST THREE APPROPRIATE MATERIALS AND PERSONS NEEDED FOR A MEDICAL APPOINTMENT**
- **2. BE ABLE TO LIST AT LEAST THREE STRATEGIES THAT CAN DECREASE THE PATIENT'S ANXIETY DURING THE APPOINTMENT**
- **3. NAME THREE RESOURCES THAT CAN HELP WITH DIFFICULT APPOINTMENTS**



# **BEFORE THE APPOINTMENT**

- **WHAT IS THE PROBLEM/QUESTION?**
  - **PROCEDURE NEEDED**
  - **EXACERBATION OF CURRENT ILLNESS**
  - **NEW ONSET OF SYMPTOMS**
  - **PHYSICAL, BEHAVIORAL OR MENTAL CHANGES?**
  - **ANNUAL FOLLOW UP (HEALTH MAINTENANCE)**



# **BEFORE THE APPOINTMENT**

- **ONCE THE PROBLEM IS DETERMINED, IS IT...**
  - **HEALTH MAINTENANCE**
  - **ACUTE/URGENT**
  - **EMERGENCY**

# WHAT IS THE *ACUITY*? URGENCY VS. EMERGENCY

- **PERSISTENT FEVER**
- **CHANGE IN BREATHING PATTERN/ BREATH SOUNDS, WITH STABLE VITAL SIGNS**
- **SUDDEN CHANGE:**
  - **SEIZURES**
  - **BEHAVIOR**
  - **PAIN**
- **NOT BREATHING;  
UNRESPONSIVE**
- **HIGH FEVER ( $>105^{\circ}$ )**
- **UNSTOPPABLE BLEEDING**
- **SEVERE (NEW) CHEST PAIN**
- **PROLONGED SEIZURE**
- **SEVERE TRAUMA**

# BEFORE THE APPOINTMENT

- **WHICH DOCTOR DO YOU SCHEDULE WITH?**
  - **ALWAYS CALL THE PRIMARY CARE PROVIDER (PCP) *FIRST!***
    - **FOLLOW UP WITH THE PCP'S RECOMMENDATIONS**
    - **PROVIDE RESULTS OF RECOMMENDATIONS BACK TO PCP**
- **PRIMARY CARE MAKES REFERRAL TO SPECIALIST**
  - **NEUROLOGY, GI, ETC....**

# **CASE STUDY #1**

- **MARTA IS A 35 YEAR OLD WOMAN WHO HAS CEREBRAL PALSY AND A SEIZURE DISORDER. SHE LIVES IN A GROUP HOME WITH TWO HOUSEMATES. IN THE LAST 3 DAYS, MARTA HAS BECOME EXTREMELY AGITATED. SHE HAS BEEN HITTING HER HEAD ON THE LEFT SIDE AND HAS HAD AN INCREASE IN HER SEIZURE ACTIVITY. THE HOUSE STAFF ARE CONCERNED WITH THIS RECENT CHANGE IN BEHAVIOR AND SEIZURES.**
- **IS THIS HEALTH MAINTENANCE, URGENT/ACUTE OR AN EMERGENCY?**
- **WHAT IS THE NEXT STEP?**



# **BEFORE THE APPOINTMENT**

- **MAKING THE APPOINTMENT**
  - **CONSIDER:**
    - **TIME OF DAY**
    - **DURATION OF APPOINTMENT**
    - **SPECIAL ACCOMMODATION**
    - **TRANSPORTATION: LOCATION, TRAVEL**
- **PATIENT INVOLVEMENT OF THE SCHEDULING PROCESS:**
  - **ENCOURAGE INVOLVEMENT AS APPROPRIATE**

# GETTING READY FOR THE APPOINTMENT

- **THE CHECKLIST**
  - **ONCE THE APPOINTMENT IS MADE:**
    - **NOTIFY APPROPRIATE PERSONS**
      - **THE NURSE**
      - **GUARDIAN**
      - **CASE MANAGER**
      - **SERVICE COORDINATOR**
      - **PCP FOR “FYI” AND TO OBTAIN A REFERRAL**
      - **TRANSPORTATION**

# GETTING READY FOR THE APPOINTMENT

- **WHAT TO BRING TO THE APPOINTMENT**
  - **PATIENT BINDER “BLUE BOOK,” “MASTER BOOK”**  
[KNOW WHAT IS WHERE]
    - **LOGS (SLEEP, SEIZURE, BM, I&O, ETC.)**
  - **HEALTH PASSPORT AND DR VISIT FORM**
  - **INSURANCE INFORMATION**
  - **PROOF OF GUARDIANSHIP**
  - **REFERRAL**



# GETTING READY FOR THE APPOINTMENT

## ❖ WHO TO BRING TO THE APPOINTMENT

- **THE PATIENT** (USUALLY INDICATED)
  - *AT LEAST ONE* STAFF WHO KNOWS THE PATIENT WELL SHOULD ATTEND THE APPOINTMENT
  - THE GUARDIAN SHOULD BE PRESENT IN PERSON OR VIA PHONE
- 
- KNOW WHY THE PATIENT IS BEING SEEN !!!
- 

*LET'S TAKE A BREAK*



# DURING THE APPOINTMENT

- **WHY IS IT IMPORTANT THAT A STAFF WHO KNOWS THE PATIENT BE AT THE APPOINTMENT?...**

- **CONTENT**

- **DR: “WHY HAS MARY COME TO THIS APPOINTMENT TODAY?”...**

**STAFF: “I DUNNO”**

*(SO... WHAT HAS THAT ACCOMPLISHED?)*



- **HELP REDUCE ANXIETY/TRANSLATE SETTING FOR THE PATIENT**

# **DURING THE APPOINTMENT**

- **INCLUDING THE PATIENT IN THE VISIT**
  - **AVOID TALKING ABOUT THE PATIENT IN 3<sup>RD</sup> PERSON**
  - **CHECK IN WITH YOUR PATIENT THAT HIS/HER QUESTIONS ARE ANSWERED**
  - **ALLOW TIME FOR PATIENT TO ANSWER WHEN ASKED DIRECT QUESTIONS**
- **STATE THE PROBLEM OF CONCERN**
  - **CLINICIAN WANTS TO HEAR IT, READ IT, SEE IT, ALL THE SPECIFICS....**
- **HELP PATIENT TO UNDERSTAND REASONS FOR ANY ASSESSMENT**
  - **BP CUFF, HEART OR LUNG EXAM, ETC...**

# DURING THE APPOINTMENT

- **HANDLING A NEW (SCARY) PLACE**
  - **DESENSITIZATION**
    - **MULTIPLE EXPOSURES (REPEATED NON-THREATENING EXPERIENCES)**
    - **PATIENT HAS INPUT ON RATE/DURATION (TOLERATE ANXIETY; PREVENT PANIC)**
  - **ACCOMMODATION**
    - **SMALL STEPS: GET COMFORTABLE WITH EACH COMPONENT NECESSARY**
    - **NEGOTIATE WHICH OF SEVERAL NECESSARY PROCEDURES SHOULD BE DONE TODAY, WHICH AT NEXT VISIT**
  - **DON'T RUSH**
    - **ALLOW TIME FOR ADAPTATION AND ADJUSTMENT**
    - **EMPHASIZE COOPERATION WITH APPOINTMENT, NOT DESIRE FOR APPOINTMENT**

# **IN OTHER WORDS: FROM THE PATIENT'S VIEW**



# FROM THE PATIENT'S VIEW

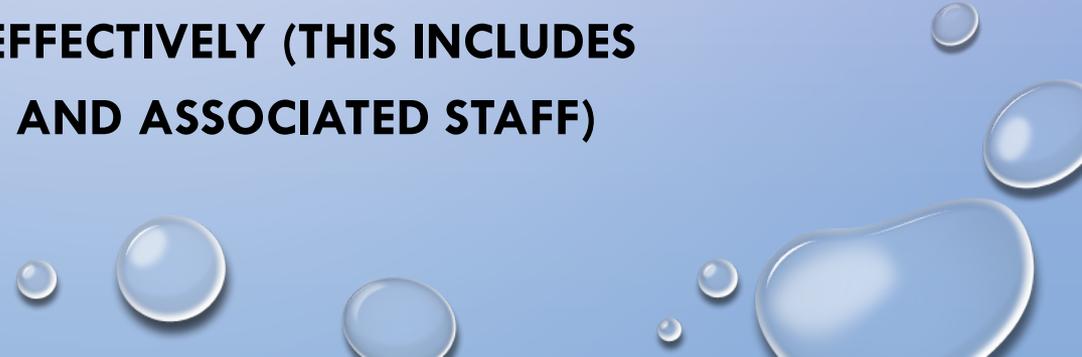


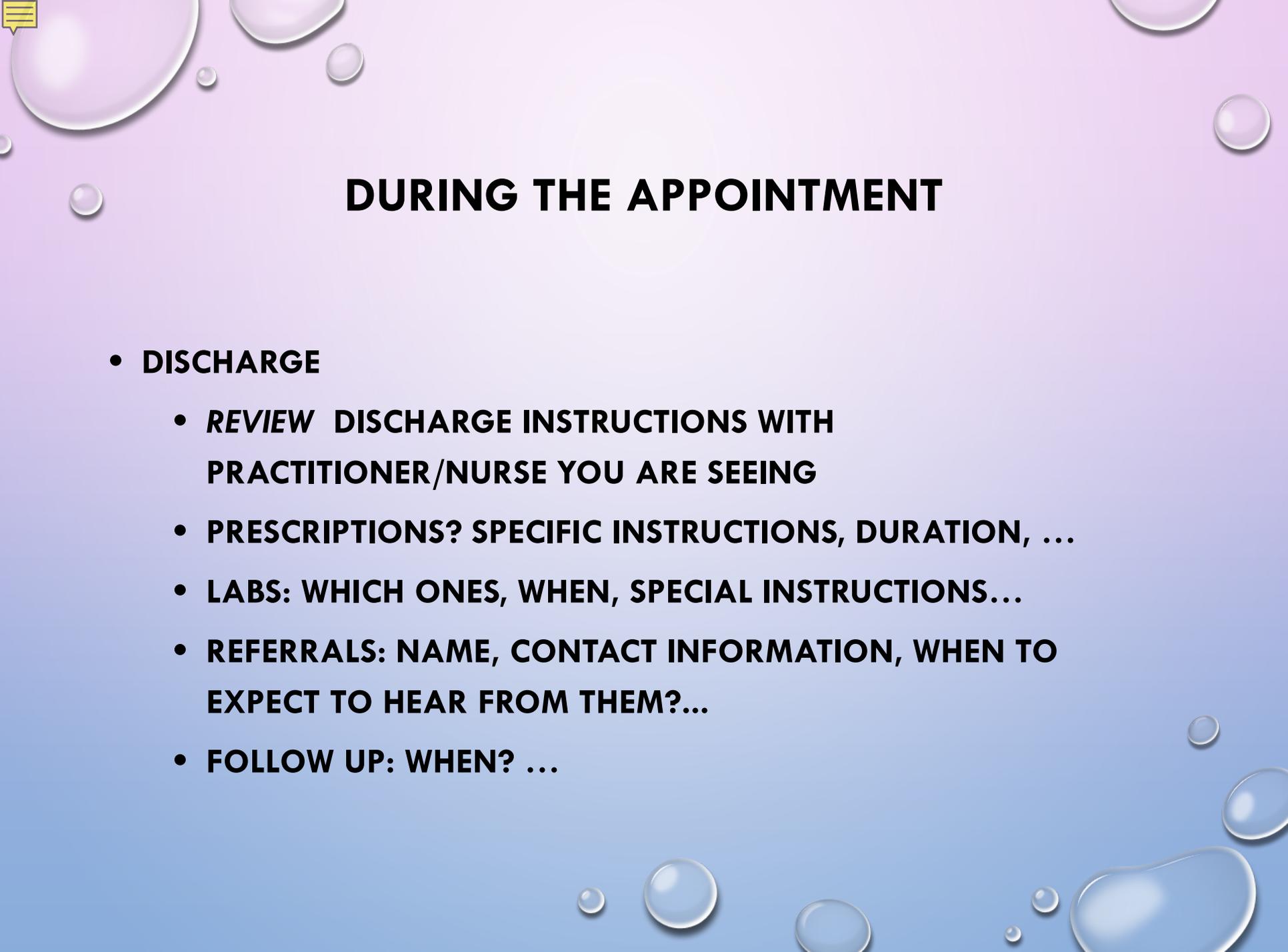
## CASE STUDY #2

- **QUENTIN IS A 46 YEAR OLD MALE WHO HAS A DIAGNOSIS OF PTSD AND NON-INSULIN DEPENDENT DIABETES. HE IS AFRAID OF NEEDLES. HE BECOMES LOUD, COMBATIVE AND ATTEMPTS TO RUN AWAY FROM THE IMMEDIATE AREA WHEN “LAB” OR “SHOT” IS EVEN MENTIONED. HIS PCP HAS RECOMMENDED THAT HE HAVE BLOOD WORK DONE TO ASSESS HIS SUGAR CONTROL, KIDNEY FUNCTION, ETC. (HEALTH MAINTENANCE).**
- **HOW DO WE PROCEED?**



## **DURING THE APPOINTMENT**

- **SETTING PRIORITIES AND DEVELOPING STRATEGIES**
    - **ENCOURAGE CREATIVE SOLUTIONS**
    - **THINGS ARE OFTEN NOT BLACK/WHITE**
    - **PROVIDE TIME AND SPACE FOR ADAPTATION**
      - **THIS VISIT, OR SET A SUBSEQUENT VISIT**
    - **PRIORITIZE IMPORTANCE AND TIME-FRAME FOR ASSESSMENT**
    - **INVOLVE ENTIRE TEAM EFFECTIVELY (THIS INCLUDES THE MEDICAL PROVIDER AND ASSOCIATED STAFF)**
- 



# DURING THE APPOINTMENT

- **DISCHARGE**
  - **REVIEW DISCHARGE INSTRUCTIONS WITH PRACTITIONER/NURSE YOU ARE SEEING**
  - **PRESCRIPTIONS? SPECIFIC INSTRUCTIONS, DURATION, ...**
  - **LABS: WHICH ONES, WHEN, SPECIAL INSTRUCTIONS...**
  - **REFERRALS: NAME, CONTACT INFORMATION, WHEN TO EXPECT TO HEAR FROM THEM?...**
  - **FOLLOW UP: WHEN? ...**

# **SPECIAL CONSIDERATIONS**

- **DISCUSS SPECIFIC NEEDS, PREFERENCES, PHOBIAS OF THE PATIENT**
  - **UNABLE TO SWALLOW LARGE PILLS**
  - **G-TUBE ONLY**
  - **DIFFICULTY WITH PROCEDURES: NEEDLE STICKS, DIAGNOSTIC EVALS**
  - **AVERSION TO PILL COLORS, SHAPE, ETC.**
- **WHOM TO CALL WITH PROBLEMS/COMPLICATIONS BEFORE NEXT VISIT**
- **IDENTIFY WHO NEEDS TO KNOW SPECIAL CONSIDERATIONS AND THE REASONS FOR THEM.**

BREAK



# AFTER APPOINTMENT

- **REVIEW & COMMUNICATE:**
  - **WHAT WAS COVERED;**
  - **FOLLOW-UP NEEDED OR NOT AND WHY;**
  - **WHO NEEDS TO KNOW: NURSE, HOUSE LEAD, GUARDIAN...**
- **REVIEW APPOINTMENT WITH PATIENT:**
  - **REINFORCE THEIR SELF-ADVOCACY,**
  - **QUESTIONS ANSWERED,**
  - **INSTRUCTIONS.**
- **NOTIFY GUARDIAN OF DETAILS, OBTAIN CONSENTS!**



# AFTER APPOINTMENT

- **QUESTIONS: CALL BACK TO OFFICE, NURSE, PHARMACIST, POISON CONTROL**
- **COMPLETE DISCHARGE PLANS:**
  - **LABS,**
  - **DIAGNOSTIC TESTS,**
  - **REFERRALS...**

# **AFTER APPOINTMENT**

- **REFERRAL FROM SPECIALIST**
  - **INFORM PCP OFFICE, SO THEY CAN INITIATE APPROPRIATE REFERRAL**
  - **IF CHANGE IN TREATMENT, SPEAK WITH MEDICAL PERSONS**
- **DOCUMENT**
  - **WRITE DOWN NAME, NUMBER, CONTENT OF MESSAGE OR CONVERSATION**
  - **CONFIRM MEDICAL OFFICE HAS CORRECT CONTACT INFORMATION FOR PATIENT AND THEIR LEGAL REPRESENTATIVE, HOUSING SUPPORT, ETC.**

# **AFTER APPOINTMENT**

- **LEAVING A VOICE MESSAGE**
  - **STATE YOUR NAME, POSITION, PATIENT NAME AND DOB**
  - **STATE THE QUESTION/ISSUE**
  - **LEAVE A NUMBER THAT CAN BE REACHED RELIABLY AND IF IT IS NOT YOU, WHO THEY SHOULD SPEAK TO.**

# KNOW YOUR RESOURCES

- **DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)**  
**(505) 841-5500 (METRO)**
- **PHARMACY** **VARIES**
- **POISON CONTROL/DRUG INFO**  
**(505) 222-1222**
- **TRANSRAY DIAGNOSTICS** **(505) 883-0475**
- **TRANSPORTATION** **SAFERIDE, TAXI SERVICE, BUS**
- **CARE COORDINATOR** **VARIES BY INSURANCE**



# CASE STUDY #3

- **TODD IS A 20 YEAR OLD MALE WHO HAS LEFT SIDED WEAKNESS, MILD INTELLECTUAL DISABILITY AND SOME REPETITIVE OBSESSIVE BEHAVIORS. HIS PEDIATRICIAN IS NO LONGER ABLE TO FOLLOW HIM. TODD TAKES MEDICATIONS SEVERAL TIMES PER DAY; HE RELIES ON HIS MOTHER AND SCHOOL STAFF TO REMIND HIM WHEN AND WHAT TO TAKE. HE WILL GRADUATE FROM HIGH SCHOOL (SPECIAL ED.) IN MAY OF THIS YEAR. HE HAS TOLD HIS PARENTS THAT HE IS GOING TO MOVE OUT AND MARRY HIS GIRLFRIEND IN JUNE. HE MET HER AT SPECIAL OLYMPICS LAST AUGUST AND SHE LIVES IN A GROUP HOME.**
- **WHAT ARE SOME RESOURCES THAT CAN BE USED TO HELP TODD?**

# CONCLUSIONS

- **IT IS IMPORTANT TO HAVE THE RIGHT PEOPLE AND THE RIGHT INFORMATION AT YOUR MEDICAL APPOINTMENTS**
- **MANY STRATEGIES CAN BE USED TO DECREASE ANXIETY FOR A PATIENT AND TO INCREASE THEIR PARTICIPATION IN THEIR MEDICAL CARE**
- **RESOURCES AROUND THE STATE CAN HELP US SOLVE SEEMINGLY IMPOSSIBLE SITUATIONS**