



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

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*Paving the Way*

*2.15.13*

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## Disclosure for Learners

- This will be handed out in their packet as well as the 1<sup>st</sup> slide before every presentation.

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• ***You must sign in in the morning, attend the entire conference, and complete the evaluation forms to receive a Certificate of Successful Completion***

- Please make sure that your email is legible on the sign in sheet
- There are no conflicts of interest for the planners or presenters of this activity
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- To be respectful to presenters and others seated around you, *please turn cell phones and pagers off or to vibrate mode and step outside if you need to take or make a call*
- Bathrooms are located in main hallway near front door

# OVERVIEW

- ❖ Before appointment tasks
- ❖ Preparing for appointment: materials one should bring
- ❖ During the appointment:
  - Assure concerns are answered
  - Ask questions
- ❖ After the appointment:
  - Communication
  - Outcome of treatment

*ask questions \* questions \* questions!*

# OBJECTIVES

Participants will be able to:

- ❖ 1. list three appropriate materials and persons needed for a medical appointment
- ❖ 2. list at least three strategies that can decrease the patient's anxiety during the appointment



## BEFORE THE APPOINTMENT

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❖ **What is the problem/question?**

- **Procedure needed**
- **Exacerbation of current illness**
- **New onset of symptoms**
- **Physical, behavioral or mental changes?**
- **Annual follow up**

## 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....



# 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

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## ❖ 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 Physician Consultation 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 !!!

## 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

# FROM THE PATIENT'S VIEW



## 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* with practitioner/nurse you are seeing
- Prescriptions? Specific instructions, duration, etc.
- 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
  - “red pills”
- ❖ Whom to call with problems/complications before next visit
- ❖ Identify who needs to know special considerations and the reasons for them.

# 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 agency,
- 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

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- ❖ **DDSD Clinical Services Bureau**
- ❖ **Pharmacy**
- ❖ **Poison Control**
- ❖ **Transray Diagnostics**
- ❖ **Transportation**



# KNOW YOUR RESOURCES

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- ❖ **Center for Development and Disability (CDD)**
- ❖ **Continuum of Care (CoC)**
- ❖ **Ronald McDonald house**
- ❖ **Disabled and Elderly Resource Center**





# Q & A & D

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❖ Questions

❖ Answers

❖ Discussion

Cases, vignettes, dilemmas....?