

# Communicating with Providers



## OBJECTIVES

At the end of this unit, participants will be able to:

- Identify professionals on your healthcare team
- Understand the role of each healthcare team member
- Discuss how to get the most from a healthcare visit
- Define self-advocacy
- Define self-advocacy in healthcare



## INSTRUCTIONS

1. Before the session begins, prepare flip chart sheets for the Know Your Role activity by writing the job titles Case Manager, HIV Doctor, Primary Care Doctor, Nurse, Therapist, and CHW or Peer Educator on separate sheets. Prepare index cards with roles and tasks applicable to your agency. For example:
  - Doctor/ID Specialist:
    - Order lab tests
    - Prescribe medication
    - Review lab work
    - Address side effects
    - Monitor your health & HIV infection
    - Provide referrals
    - Evaluate symptoms
  - Nurses
    - Schedule appointments
    - Check vitals
    - Explain lab results
    - Relay concerns to doctor
    - Monitor your health & HIV infection
    - Calling in medication prescriptions
    - Giving vaccines
    - Coordinate care with other healthcare providers
  - CHWs
    - Disclosure and stigma
    - Adherence resistance
    - Outreach to lost-to-care individuals
    - HIV-101 basics
    - Viral life cycle
    - HAART medications
    - Assistance selecting ID providers



## Related C3 Roles

Providing coaching and social support, providing culturally appropriate health education and information, advocating for individuals and communities

## Related C3 Skills

Interpersonal and relationship-building skills, communication skills, advocacy skills, education and facilitation skills



## Method(s) of Instruction

Group activity, role-play, case scenarios, lecture



## Estimated time

75 minutes



## Key Concepts

Self-advocacy, multidisciplinary team, HIPAA, advance healthcare directives, PrEP, U=U



## Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip chart sheets
- Markers
- Pre-printed index cards listing tasks that health care team members perform. Sample tasks could be for nurses, case manager services, HIV provider services, and CHW HIV services. Cards/tasks will vary depending on the agency.

## Handouts

- Communicating with Providers (Helpful Tips)
- Communicating with Providers (What Do All Those Letters Mean, Anyway?)
- Communicating with Providers: Advocating for Your Needs

(continued)

# Communicating with Providers

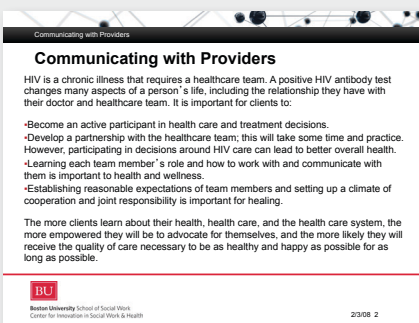


## INSTRUCTIONS *(continued)*

- CHWs *(continued)*
  - Emotional support
  - Social support
  - Lab tests
  - Attend HIV medical appointment
- Case management
  - Linkage to care coordinators
  - Medical case management
  - Youth case management
  - Family case management
  - Retention in care case management
  - Insurance enrollment/maintenance
  - Service/goal planning
  - Assistance selecting ID providers
  - HIV education/ HIV case management
  - Recertification (I.E. 6 month and annual updates)
  - Bio-psych-social assessment
  - Social support-HIV case management
2. Welcome participants and review agenda and objectives.
3. Review slides on Understanding the Health Care Team.
4. Facilitate the Know Your Role activity.
  - Each participant will receive index cards with roles that define tasks that multidisciplinary team members perform.
  - Participants will need to match the correct task with the correct health care team member.
  - Participants will be given 8 minutes to complete the tasks.
  - Ask participants to share information about the matching of the tasks. What was easy? Did they find that some tasks overlapped? How as community health workers might they direct a client to different members of the care team?
5. Ask participants to name some essential things patients should do before, during and after the medical appointment. Write responses on the flipchart.
6. Review slides on Coaching Clients on Communicating with Providers.
7. Ask participants:
  - Has anyone had to advocate for themselves recently?
  - Has anyone ever had to advocate for themselves or a family member in terms of a health care situation?
8. Review slides on Self-Advocacy.
9. Facilitate role-play activity.
  - Ask participants to divide into groups of three.
  - Each group will have two people to role-play and one observer.
  - Distribute the handout Communicating with Providers: Advocating for Your Needs.
  - Groups will have one member read the scenario, then decide who will role-play each part.
  - The observer will listen for the following:
    - What was the problem/issue?
    - Did the client advocate for themselves?
    - Were active listening skills used?
    - Was the communication effective and was there a solution?
    - Role play as many scenarios as time allows.
10. Wrap Up.
  - Summarize key points and thank participants. Emphasize that their role as a CHW is to encourage clients to foster a good relationship with their medical provider. This is a powerful tool in their tool belt for living well with HIV.



## SLIDE 1

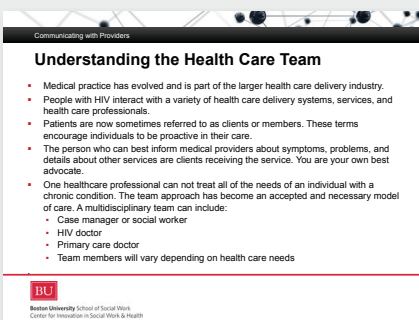


## SLIDE 2

Review the slide.

Some additional talking points:

- Many people develop a more assertive attitude about their health and well-being when they find out they have HIV. Because HIV and its treatment is complicated, making decisions about when, how and whether to start therapy isn't always easy.
- One great step to take is to become an active participant in your health care and treatment decisions. This means that both you and your doctor need to learn how to work and communicate with each other.
- Just as there isn't a "one size fits all" approach to HIV care, there's no one doctor-patient relationship that suits everyone.



## SLIDE 3

Review the slide.

Additional talking point:

- Each healthcare professional on a team must focus on a particular part of care. There has to be someone who understands how all parts of your care fit together in keeping you whole. That person is usually your primary care provider (PCP). But the most important member of your healthcare team is the consumer, client, member, and patient.

Communicating with Providers

## Understanding the Health Care Team


- Understanding the role of each team member and how to navigate the healthcare system while advocating for needs will cut down on frustration, wasted time and energy, and delays in care.
- Considering all healthcare providers as a team is vital to keeping care connected.

**When advocating for their needs, patients/clients should do the following with their doctor or healthcare team members:**

**Share their point of view:** If something is or isn't working for you, it's important for your doctor to know. Being honest about your viewpoint is especially important if you want to enroll in a study or use experimental treatments.

**Choose a relationship style:**

- "Traditional" relationship: The doctor leads and the patient follows. Patient may feel secure and cared for.
- Partnership relationship: Both contribute to the decision-making process. Some prefer to make decisions and use a doctor primarily as a consultant. This style requires diplomacy by the patient as many doctors have not adjusted to the role of consultant.

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## SLIDE 4

Review the slide.

Some additional talking points:

- The more each provider on the team knows about where else a client goes for care and the kinds of services they receive, the better it is when it comes to prioritizing aspects of health and care.
- Clients can explain why they are considering a particular decision and listen to what their doctor has to say.
- Whether or not agreement is reached on particular treatments, proper monitoring through exams and lab tests should be routine.
- Choose a relationship style and discuss it with your doctor. People have different styles of relating to doctors.
- None of these styles is right or wrong, but they all make different demands upon the relationship. It's important that clients communicate with their provider about which style they prefer. As clients become more familiar with HIV and experience different health challenges, the relationship style that works best might change.

## SLIDE 5

Each participant will receive index cards with roles that define tasks that multidisciplinary team members perform.

Participants will need to match the correct task with the correct health care team member (written on flip chart sheets).

Participants will be given 8 minutes to complete the tasks.

Ask participants to share information about the matching of the tasks. What was easy? Did they find that some tasks overlapped? How as community health workers might they direct a client to different members of the care team?



**ACTIVITY: KNOW YOUR ROLE**

Communicating with Providers

## Coaching Clients to Communicate with Providers

*Good communication between the patient and health care provider is essential to health. Here are some suggestions to help clients get the most out of their visit with their provider:*

**Before the appointment:**

- Make a list.
- Bring medications, vitamins, and other remedies.
- Bring a pen and paper.
- Consider asking a buddy to come along.
- Call ahead to request a translator if needed.

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## SLIDE 6

Review the slide.

Some additional talking points:

- Make a list. Clients can write down a list of questions and things they want to talk about with their provider. As a CHW, you can help clients prepare the list before an appointment.
- Bring medications, vitamins, and other remedies. Before taking additional medications it's a good idea for clients to talk to their provider. Clients can share what they are taking with their provider so they will know. It is important because some drugs, herbs, and supplements can interact with medications the provider might prescribe.
- Bring a pen and paper. Clients can bring paper or a notebook to an appointment so they can write down what the provider says. This can be a helpful strategy to support memory and understanding. As a CHW, you might support a client by reviewing their notes and talking about them with a client.
- Have someone go with you to the appointment. Clients can ask a family member or close friend to go with them to an appointment in order to help provide information that the client might forget or overlook. As a CHW, you might be in the position to accompany a client to a provider appointment.
- Clients can call ahead to request a translator, especially if English is not the client's first language.

Communicating with Providers

## Coaching Clients to Communicate with Providers

**During the appointment:**

- Communicate to medical providers if you are having difficulties with adherence.
- Update your personal medical record with any new information.
- Discuss barriers to taking medications, exercising, or anything they may have recommended previously.
- Share concerns about how your health affects your quality of life.
- Share concerns about symptoms.
- Answer questions honestly.
- Ask questions and repeat back.
- Mention any cultural or religious traditions.
- Ask for written instructions.

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## SLIDE 7

Review the slide.

Some additional talking points:


- Answer questions honestly. CHWs can encourage clients to answer all of the questions their provider asks them, even if the questions are about sensitive or uncomfortable topics. CHWs can educate clients on why providers ask certain questions and support them in talking with their provider. CHWs can also share information with a provider directly with a client's permission.
- Ask questions and repeat back. Clients can make sure they understand what their healthcare provider says during the appointment. Clients have the right to understand what their provider says. It's important that clients understand treatments their provider recommends, risks associated with treatments, and treatment choices. As a CHW, you may provide education and information to clients that help them understand their treatment, and treatment options.
- Mention any cultural or religious traditions. Clients can tell their provider about any cultural or religious traditions that might affect their care. For example, if a client engages in fasting at certain times of the year, it is important information for the provider.
- Ask for written instructions. Clients can ask their provider to put advice in writing so they can refer to the written instructions at any time.

Communicating with Providers

## Coaching Clients to Communicate with Providers

**After the appointment:**

- Clients can contact the provider if they don't feel better, have a reaction, or realize they forgot something.
- It may take a while for clients to build a trusting relationship with providers; CHW's can attend appointments or clients can ask a supportive family member or friend to attend appointments with them.


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Communicating with Providers

## Coaching Clients to Communicate with Providers

What can be communicated to other members of the healthcare team?

- Difficulties with adherence
- Barriers to taking medication or following any doctor recommendations
- Fears or concerns about taking medications
- Physical barriers to care such as lack of transportation, housing and food insecurity, etc.
- Any emotional issues or support needs
- Medical symptoms or the need for a medical appointment to be scheduled or rescheduled
- Issues regarding disclosure
- Legal issues and concerns
- HIPAA, Advanced Healthcare Directives, interpreters

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## SLIDE 8

Review the slide.

Some additional talking points:

- Review any instructions or advice from the provider. As a CHW, you may be involved in reviewing information with a client.
- Contact the provider if:
  - You have questions or don't understand the instructions you were given
  - You don't feel better after your visit
  - You seem to be having a bad reaction to a new medication

## SLIDE 9

Ask, "What can be communicated to other members of the healthcare team?"

Ask for volunteers to read each bullet point and give an example of what a client and CHW might share.

For the last bullet—ask, "What is HIPAA? What is an Advanced Health Directive? Why is it important as a CHW to help clients understand these terms?"

Emphasize how as CHWs they may need to advocate for clients to ask for interpreters.

Describe HIPAA, Advance Healthcare Directives, and interpreters according to the information below.

**HIPAA:** The Health Insurance Portability and Accountability Act

You may have heard about HIPAA restrictions. HIPAA rules impact the sharing of information about patients in medical care. Although when the act was first initiated there was some confusion about how much information families and caregivers could receive about a patient's medical situation, it is now clear that information must be shared. The US Department of Health and Human Services says: If the patient is present and has the capacity to make health care decisions, a health care provider may discuss the patient's health information with a family member, friend, or other person if the patient agrees or, when given the opportunity, does not object. A health care provider also may share information with these people if, using professional judgment, he or she decides that the patient does not object. In either case, the health care provider may share or discuss only the information that the person involved needs to know about the patient's care or payment for care. Particularly when you are named in an Advance Directive, there should be no problem with your being able to receive information about, and speak for, your loved one. Check to be sure that a current copy of the Advance Directive is in the patient file.

**Advance Healthcare Directives:**

These documents clarify who will speak for patients if they cannot speak for themselves. They include instructions on the type of care individuals desire if they


*(continued)*

Communicating with Providers

## Coaching Clients to Communicate with Providers

What can be communicated to other members of the healthcare team?

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- Barriers to taking medication or following any doctor recommendations
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- Physical barriers to care such as lack of transportation, housing and food insecurity, etc.
- Any emotional issues or support needs
- Medical symptoms or the need for a medical appointment to be scheduled or rescheduled
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## SLIDE 9 (continued)

are very ill or dying. (The documents may be referred to as living wills, healthcare proxies or Durable Powers of Attorney for Healthcare.) These documents can only be completed when a person is competent to do so (i.e., does not have dementia). Many doctors' offices and hospitals have forms available.

The right to have an interpreter present:

More than 200 different languages are spoken in the U.S., with approximately 25 million people speaking English at a level below "very well." We know that it's difficult enough to understand complex medical information if your first language is English. For those who primarily speak a different language (if the doctor does not speak that language), comprehension is difficult if not impossible, and the results of misinformation can be life-threatening. Fortunately, based on the Civil Rights Act of 1964, patients have the right to the services of an interpreter—including sign language interpreters—in healthcare settings.

Although there are now national certification programs to ensure that interpreters are competent to translate medical/healthcare language, there is still wide variation from state to state in the availability of such interpreters. Some families simply use a relative to provide translation, but unless they are familiar with medical terminology, that may not be the best choice when complicated information is delivered or treatment decisions must be made. Be sure to request an interpreter if you will need one.


Communicating with Providers

## Self-Advocacy

Self-advocacy is **taking charge, interest, and responsibility for one's self in their own healthcare.**

Self-advocacy thrives on:

- Maintaining your own sense of control and interest
- Not giving away your power and perspective
- Being an expert on what you need, and what is involved in your healthcare

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## SLIDE 10

Review the information on the slides after covering the following:

What is an advocate? By definition, an advocate is a person who publicly supports or recommends a particular cause or policy. However, if the thought of being an HIV advocate in public makes you nervous, there are other types of advocacy that might be a first step. You may know that you want to do something, but you may not know what to do or where to start. This is why learning more about different forms of advocacy can help you realize that you are already an advocate almost every day.

Much of your advocacy as a person with HIV probably revolves around your health and the health care you receive. To get the best care possible, it is important to speak up for and support yourself.

Communicating with Providers


## Self-Advocacy (continued)

Self-advocacy thrives on knowing the undeniable rights of a patient within their health care system.

People with HIV have the right to quality medical treatment and health care services without discrimination of any form including:

- Sexual orientation
- Gender
- Diagnosis
- Economic status
- Race

People with HIV have the right to full explanations of all medical procedures and risks, to choose or refuse their treatment methods, to refuse to participate in research without jeopardizing their treatment, and to make informed decisions about their lives. People with HIV have the right to privacy, to confidentiality of medical records, to human respect, and to choose who their significant others are.

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## SLIDE 11

Review the slide.



# Communicating with Providers

Communicating with Providers

## Self-Advocacy in Health Care

**What is Self-Advocacy in Health Care?**  
Taking actions and communicating to treat or prevent illness, and promote your own health.

**How can clients be self-advocates for their health?**

- Engage in health care
- Adhere to HIV treatment
- Inquire about new advancements in care and treatment such as PrEP and discuss U=U
- Reduce health-risking behaviors/actions
- Address other issues connected to health

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## SLIDE 12

Review the slide.

ACTIVITY: ROLE PLAY

## SLIDE 13

Ask participants to divide into groups of three.

Each group will have two people to role-play and one observer.

Distribute the handout *Communicating with Providers: Advocating for Your Needs*.

Groups will have one member read the scenario, then decide who will role-play each part.

The observer will listen for the following:

- What was the problem/issue?
- Did the client advocate for themselves?
- Were active listening skills used?
- Was the communication effective and was there a solution?
- Role play as many scenarios as time allows.

Communicating with Providers

## References

- Project Inform. "Building a Cooperative Doctor/Patient Relationship." January 2011. Accessed at: <https://www.thebodypro.com/article/building-cooperative-doctor-patient-relationship>
- Bookhardt-Murray, J. Effectively Navigating the Healthcare System, You and Your Medical Team at Work. 2005. Accessed at: <https://www.thebody.com/article/effectively-navigating-healthcare-system>
- Project Inform. "Develop a relationship with your doctor." After You've Tested Positive. July 2015. Accessed at: <https://www.thebody.com/article/after-youve-tested-positive>

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## SLIDE 14

Summarize and thank participants.

Emphasize that their role as a CHW is to encourage clients to foster a good relationship with their medical provider. This is a powerful tool in their tool belt for living well with HIV.



# Communicating with Providers

## Helpful Tips

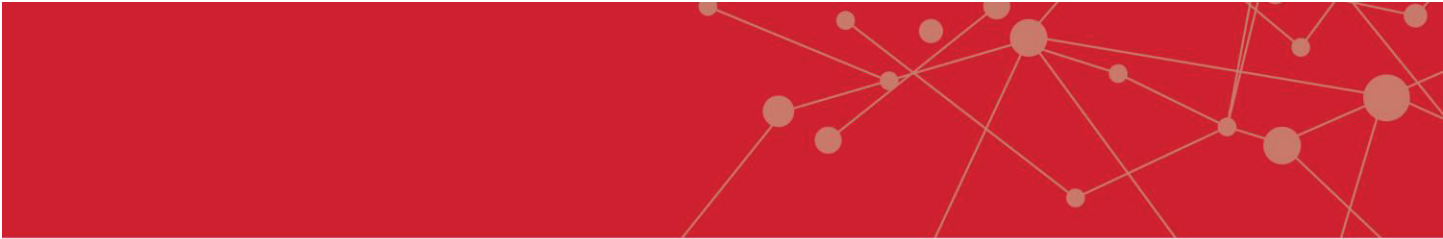
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The following tips may help you navigate and negotiate your way through health care systems, your appointments, and your relationships with health care professionals:

- ***Prepare for your visit.*** Write down your questions ahead of time. List your symptoms and concerns so you don't forget them. Your health care provider has a limited amount of time to spend with you, so make every minute count.
- ***Know the names and doses of your medications.*** Write the names and doses of your medications on a piece of paper and tuck it into your wallet or purse. Or take all of your medication bottles to your appointments. If another provider prescribes medications for you, be sure to inform the other health care professionals on your team. Inform your PCP if you use over-the-counter medications or natural remedies such as herbs and supplements.
- ***Read all medication labels and instructions.*** Ask your PCP or pharmacist about potential side effects or possible drug interactions of the medications you are taking. Let them know if you have side effects. Some side effects are serious, while others are not serious and are manageable.
- ***Know how to contact your PCP if you have an emergency when the office is closed.*** Most PCPs have systems in place to handle off-hours emergency calls. Know whom to contact if your PCP is away and the hospital affiliation of your PCP in case you need emergency care.
- ***Know when you need refills on your medications.*** Contact your PCP's office about a week ahead of time to allow time for the prescriptions to be processed.
- ***Leave clear messages when you call your PCP's office.*** Chances are that if you leave a message for your PCP without stating the reason, the response will be delayed. PCPs must prioritize calls and respond accordingly. Tell the receptionist why you are calling. The receptionist is an important part of your health care team.



- **Update your address and phone number.** Your PCP's office should have your current contact information in case there is a need to contact you about test results, scheduling changes, and so on.
- **Know the reason you were referred to a medical consultant or for a special test.** That will help you stay focused on the reason for the appointment and provide accurate information to the consultant.
- **Carry your PCP's contact information with you at all times.** Whenever you see a specialist, go to the emergency department, or have tests performed, insist that the results be sent to your PCP. Ask whether there are any special forms you need to sign to make sure the information can be sent. Be sure to have your PCP's contact information with you when you travel.
- **Provide your PCP with names, addresses, and dates of specialists you have seen and tests that have been performed.** Your PCP may refer you but may not necessarily know the date of your test or where you were sent. Keep notes about who you saw, why you saw them, and what was recommended so that you can report that information back to your PCP so that he or she can follow up effectively.
- **Remind medical consultants to either call your PCP or send a report.** Take a note of referral from your PCP to the consultant. That will help make it clear as to exactly why you are there. The note also provides the consultant with your PCP's name, address, and phone number.
- **Know how to use your health insurance plan.** Understand your health plan. Your PCP may not know the details of patients' plans. For example, some plans require written referrals from your PCP to a specialist. Preapproval for equipment or special medications may be required. Each plan has its own formulary of medications that it covers.

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- **Keep a notebook with dates and results of your test results.** Reviewing your results in private may allow you to learn more about what's happening with your health.
  - **Call to cancel appointments you cannot keep.** Try not to miss appointments. It may be difficult to get another one in the near future depending on the availability of services in your community. Also, missed appointments send the message that you aren't interested or invested in your health. That may not be true, but that is the impression that is made.
  - **Continue to educate yourself about HIV and other conditions that you may have.** Members of your health care team will be able to direct you to information sources that are accurate and credible. Ask questions and for explanations until you understand the answers. Inquire about options, expected results, and outcomes. If you don't ask questions, the members of your team may assume you know everything about what is going on.
  - **Understand that waiting is an unfortunate norm in the world of health care.** Most health care professionals have very little control over their schedules. Because of the large numbers of people who need care, schedules are usually tightly packed. This can lead to backups and crowded waiting rooms. Computer problems, staff illnesses, staff turnover, misplaced medical records, or very complicated patients on any given day may result in even further delays and increased waiting time. Many of these problems are beyond the control of the health care professional and are just as frustrating for the provider as they are for you. A crowded waiting room creates anxiety among the staff. The tension can lead to unproductive and dissatisfying visits, medical errors, and staff resignations. This is ultimately detrimental to all involved.
  - **Complain in an effective manner.** Emotional outbursts in waiting areas make staff and other patients nervous and create even further delays. It is more effective to lodge a formal complaint. Look for someone to whom you can voice your complaints. Most administrators take complaints seriously and use them to figure out how to improve systems so that problems can be fixed over time.

# Communicating with Providers

## What do all those letters mean, anyway?

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Healthcare professionals and researchers often have many letters following their names. These titles indicate, to some degree, their training, experience, and qualifications. The following list isn't exhaustive, but explains what some of the abbreviations following professionals' names refer to.

### **AAHIVS — American Academy of HIV Medicine (AAHIVM) HIV Specialist**

An MD, DO, PA, or NP who has completed 30 hours of continuing medical education (CME) credit in two years, has seen 20 or more patients with HIV within two years, and has passed a qualifications exam on HIV care. Two thousand providers are registered by the AAHIVM as HIV specialists. When choosing a healthcare provider, be aware that many providers may have equivalent experience in HIV care, but aren't certified by the AAHIVM. Visit [www.aahivm.org](http://www.aahivm.org) for a referral.

### **ACRN — HIV/AIDS Certified Registered Nurse**

A registered nurse who has completed 70 hours of CME credits, has at least two years of experience in HIV/AIDS care, and has passed a certification exam for HIV/AIDS care.

### **DO — Doctor of Osteopathic Medicine**

A Doctor of Osteopathy has the same rights and privileges as a Medical Doctor (MD). They can prescribe medications and practice medicine in all fifty states. The training that a DO receives is comparable and, in some cases, identical to that of an MD but may have more of a "whole person/whole body" approach. DOs tend to consider the psychosocial as well as the physical well-being of a person, as well as how individual symptoms of certain parts of the body may affect others. DOs also receive additional training on the musculoskeletal system and Osteopathic Manipulative Treatment.



**FAAN — Fellow of the American Academy of Nursing**

A distinction given to nurses in recognition of their accomplishments in nursing. Many fellows have high levels of training (82% hold a doctorate in nursing), and most have leadership positions in academic, research, government, or community settings.

**GI — Gastroenterologist**

An MD or DO who specializes in the care of the stomach, intestines and liver.

**ID — Infectious Disease Specialist**

An MD or DO who specializes in treating a range of infectious diseases, including HIV.

**LPN — Licensed Practical Nurse**

A nurse who has completed certification to administer certain treatments. Works under the supervision of a Registered Nurse (RN).

**MSW — Masters in Social Work**

Social work is a profession committed to helping individuals, families, and communities at multiple levels. Some social workers continue their training to become licensed or certified psychotherapists.

**MD — Medical Doctor**

A physician who holds a medical degree and is licensed to practice medicine and surgery as well as prescribe medications and other treatments.



### **NP — Nurse Practitioner**

A registered nurse with advanced clinical and academic experience, including a master's degree. A Nurse Practitioner's abilities vary depending upon each state's regulations. In many states, a Nurse Practitioner can prescribe medications.

- ANP — Nurse Practitioner (adult care)
- FNP — Nurse Practitioner (family care)
- GNP — Nurse Practitioner (geriatric care)
- PNP — Nurse Practitioner (pediatric care)

### **PA — Physician's Assistant**

Clinicians who provide healthcare to individuals under the supervision of physicians (MDs or DOs). Their training is not as long as that of MDs and DOs, but their responsibilities are quite similar. They routinely take medical histories, examine and treat, order and interpret laboratory tests and X-rays, make diagnoses, and prescribe medications. They also treat minor injuries by suturing, splinting, and casting. PAs also record progress notes, instruct and counsel patients, and order or carry out therapy. In rural and inner-city areas, PAs may be the principal care providers when a physician is present only one or two days a week. They are able to practice in 47 states, all of which require PAs to pass a certification exam and are then designated as a PA-C (Certified Physician Assistant).

### **Ph.D. — Doctor of Philosophy**

A doctorate (advanced) degree in any subject matter (not necessarily philosophy or medicine). Nurses, pharmacists, nutritionists, and social workers, among others, may continue their education to receive this doctorate degree.



### **Pharm.D. — Doctor of Pharmacy**

In addition to two years of pre-pharmacy study, a Pharm.D. has completed at least four years of graduate studies to earn a doctorate degree in pharmacy.

### **Psy.D. — Doctor of Clinical Psychology**

Psychologist with specialization in clinical psychology, including deep understanding of severe psychological disorders and psychotherapy.

### **RD — Registered Dietician**

Many nutritionists are also registered dietitians. RDs are trained in the science of nutrition as well as dietetics, a discipline focused on relationships between dietary patterns and health, both in normal nutrition and in disease states.

### **RN — Registered Nurse**

A nurse who has completed a Bachelor of Nursing program.

### **R.Ph. — Registered Pharmacist**

A Registered Pharmacist must be licensed in the state in which they practice and hold at least a bachelor's degree in pharmacy.

Adapted from ACRIA Update Winter 2004/05 -- Vol. 14 No. 1 ([www.acria.org](http://www.acria.org)).



# Communicating with Providers: Advocating for Your Needs

## Scenario One

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A patient needs information and advice about her medication. The medicine does not seem to be working and it makes her sick. She decides to ask her doctor about the pills she is taking.

**Patient:** Hello, Dr. Roe. I need to talk with you about my medication. These pills are upsetting my stomach and they don't seem to be working.

**Doctor:** I'm sorry to hear that the pills are upsetting your stomach. When are you taking your pills?

**Patient:** Well, I usually take them sometime in the afternoon and right before I go to bed. If I forget about them, I just take them whenever.

**Doctor:** You should take the blue and orange pills together after breakfast or lunch but not in the evening. In the evening or at bedtime you only need to take the orange pill; and make sure your doses are 12 hours apart. For example: if you take your first dose at 8:00am, then take your last dose at 8:00 p.m. Eating when you take the first pill dose (2 pill regimen) will keep you from feeling sick to your stomach. Plus, the pills will not suppress the virus nor be effective if you do not take them as instructed. (Hands her a pamphlet)

**Patient:** Oh, I get it. I take the blue and orange pills together after breakfast or lunch. And I need to take them with food. I shouldn't take both pills at night; I only need to take the orange pill. Oh, and everything needs to be spaced 12 hours apart like 8 AM to 8 PM. Thank you, Dr. Roe. I really appreciate your help with this information. I now see that I was not taking the medicine correctly.

**Doctor:** You're welcome. Please call me or the nurse if you keep feeling nauseated or if you have any other questions. We'd be glad to answer them. I'll see you in a couple months. Okay?

**Patient:** Okay. I will check back if I need to. Thanks again.



## Scenario Two

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An elderly client (woman) recently moved to the area, returning to her hometown after many years. She needs to go grocery shopping but does not have any transportation. She has not shopped in about a month—since her children left, returning to their homes about 12 hours away. She met members of her health care team a week ago and the CHW seemed nice and relatable. She decides to call the CHW and ask her to help by taking her to the store to shop.

**Woman:** Hello there, Ms. Wright. I was wondering if I could ask you for a ride to the grocery store today. My groceries are beginning to run low. I haven't been since my children left. You know this is really home for me and that's why I moved back, but my friends don't drive and I don't know my way around anymore.

**CHW:** Thank you for calling, Ms. Wright. I'm sorry to hear that you're low on groceries. Unfortunately, at my organization we're not allowed to transport our clients however, we have a few options/resources I can recommend. How does that sound?

**Woman:** Well, I don't like a lot of strange folks at my house knowing that I live alone; but I trust you because I saw your badge and I know where you work. What resources are you talking about?

**CHW:** Well, we have several options and you can tell me what will work best for you. I certainly want you to be able to take care of your health and feel good about navigating the area until you get more familiar with the neighborhood. Our first option—the options are not in any particular order, I'm just advising you of choices—I can help you sign up for Meals on Wheels, which will deliver a daily meal to your home; there is a sliding small fee according to your income. For our second option, we have a volunteer who works for us and she transports patients wherever they need to go Monday through Thursday during the hours of 9:00 AM-5:00 PM. Our third option is to take the bus and I'll be glad to arrange a time for the two of us to meet at your home and review the bus route. We can ride the bus together and I can show you a few stores that are really close to your home. How do those options sound to you?

**Woman:** Well, to be honest I'm disappointed that you can't take me but I'm glad you could recommend some good options I am okay with. I like options two and three. However, it's Monday and I'd like to go to the grocery store by this Friday; no later than Monday, next week.

**CHW:** I understand, how about tomorrow?

**Woman:** That works for me! Thank you, Ma'am.

**CHW:** No, thank you. I'm just glad I could offer some options for you, I'll see you tomorrow.



## Scenario Three

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A woman attends her doctor appointment. The doctor can tell that she is feeling down. This is not normal for her. She is usually jubilant; she has been undetectable for a while. She's at her annual 6-month checkup.

**Woman:** Hello Dr. Sharon (looking gloomy).

**Doctor:** Hello! You don't look like yourself today. I'm used to your smile and your jokes that keep me laughing. It's your 6-month visit but I sense that there are other things on your mind?

**Woman:** You're right. I am kind of down. I've been dating and I really like this guy; no serious intimacy yet. But, I don't want to be holding on to this secret about my status. I know he wants children and I do too. It's early in the relationship. I don't want him to walk away. I just have too much on my mind right now and my stomach is in knots.

**Doctor:** Well, one thing at a time. You have a lot to think about and I can empathize with you about wanting to tell him and being afraid of what he might say or do with regard to the relationship.

**Woman:** I know I need to talk things out with someone. I was wondering who you could recommend that I could speak with today?

**Doctor:** Have you talked with a CHW before? CHWs are member of your healthcare team.

**Woman:** Who is that? I remember a lady showed up at my medical visit one time when I had an increase in my A1C and said she could talk to me about diet and nutrition. That was last year and I've got things under control now.

**Doctor:** Yes, and I'm happy about your progress with modifying your diet and your numbers are under control. However, the CHW also works with people with HIV. She educates and supports people who sometimes hit bumps in the road even though medically they may be doing well. I believe she would be a good listener and we have new options like PrEP and U=U that she can explain in detail to you. Are you open to seeing her again?

**Woman:** If you recommend her Dr. Sharon, I know she's ok. Besides she's another resource on my team.

**Doctor:** Alright, she just happens to be in clinic today so I'll call her after we review your labs. Sound like a plan?

**Woman:** Yes Dr. Sharon, sounds like a plan. I'm so glad I kept my appointment today—I was depressed; I almost stayed at home. But I feel better already. Thanks so much!

**Doctor:** Ok, let's review those labs and I'll call the CHW for you.

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