

Scenarios *for* Success

in Patient
Communication

**A Training Guide
for Healthcare Providers**

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Health Scenarios

These health scenarios are intended for health literacy education and improving the quality of patient care. The scenarios are real; however, the names and photos used are fictional.

Scenarios are designed to:

- raise staff awareness
- stimulate creative thinking
- ensure patients become full participants in protecting their health

Scenarios can be used in:

- classroom training
- staff meeting discussions
- individual staff coaching by supervisors
- staff self-study

This research project includes more than two hundred interviews with clinicians in six ambulatory clinics at University Health System (UHS) in San Antonio, Texas. UHS is the teaching facility for the University of Texas Health Science Center at San Antonio.



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Scenarios for Success in Patient Communication (A Training Guide for Healthcare Providers) is a gift to the healthcare community on behalf of our patients and staff at the University Health System (UHS).

Acknowledgments

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Introduction

Patients' participation in their health care and that of their families is an increasingly important ingredient in the complex medical world. It is essential that health care providers communicate information in a way that patients can understand and implement in their daily lives.

Unfortunately, often there can be a disconnect between what clinicians believe they have communicated and what the patient actually understands. As health care delivery becomes more complicated, the need for patients to be "health literate" becomes more necessary.

As you analyze the situations described in the scenarios, it is highly likely that you will find additional uses for them. We'd like to hear how you use them to increase staff communication skills and to improve patients' health literacy.

Send your feedback and requests for consultation/ speaking engagements to:

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Background

This research project includes more than two hundred interviews with clinicians in six ambulatory clinics at University Health System (UHS) in San Antonio, Texas. UHS is the teaching facility for the University of Texas Health Science Center at San Antonio.

The research project's goal was to:

- Collect actual health scenarios in which the patients misunderstood their diagnoses, treatment, or medication, resulting in poor quality outcomes.
- Identify the role that health literacy played in these scenarios.
- Design a training manual based on these scenarios to train staff on improving the patient experience.

From the many scenarios collected, twenty scenarios were chosen as having the most impact on health literacy awareness and quality outcomes. Additional interviews were conducted with our multi-cultural providers to ensure representation in the names (fictitious) and cultural issues faced by a diversity of patients.

Throughout all of the research, our focus remained constant: ensuring effective patient communication.

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scenario 1



Using Suppositories

Mr. Rubaduka had been given a prescription for suppositories and had been told by the LVN to read the directions. During the follow-up appointment, the LVN asked Mr. Rubaduka how he felt. He told the nurse that his anal area hurt because it was difficult putting in the suppository. Mr. Rubaduka could not read the directions and had inserted the suppository without removing the foil, resulting in the need for a colonoscopy.

Issues to discuss:

1. How might the clinical staff explain to Mr. Rubaduka, in simple terms, the correct use of the suppository?
2. How could Mr. Rubaduka have been more involved in his health care?
3. What changes can be made in your organization to prevent this from happening?

scenario 2



Wound Care Instructions

Mr. Perez had had abdominal surgery. He was discharged with medications and instructions to change the wet dressings in the wound to dry dressings three times a day. The RN gave the dismissal instructions in a hurry because the hospital needed the bed for a new patient. When the RN asked Mr. & Mrs. Perez, "Do you know what to do when you get home?" they both nodded yes. Mr. & Mrs. Perez spoke limited English.

After a few days, Mrs. Perez contacted the nurse advice line to ask how many days she had to wait before she should replace the white dressings in the wound. With further questioning, the nurse realized Mrs. Perez was taking the gauzes out of the wound, then rinsing them at the sink and putting them back in the wound. The patient was re-admitted for an infection and to repeat the procedure.

Issues to discuss:

1. What steps could the clinical team take to improve patient education for wound care?
2. What body language might indicate a patient or family member may not fully understand compliance with their medical care?
3. What changes can be made in your organization to prevent this from happening?

scenario 3



"Cyst" Diagnosis

Veronica, a young Spanish-speaking woman, was seen by her doctor. The doctor used an untrained staff member as an interpreter to communicate her diagnosis. Later that day, Veronica's mother, Mrs. Gonzales, called the clinic upset and crying because when her daughter got home from seeing the doctor she thought she was going to die. The employee on the phone could hear the daughter in the background crying frantically with fear. The untrained interpreter had told Veronica in Spanish she had "tumors" instead of "cysts" in her stomach.

Issues to discuss:

1. How could the staff have explained to Veronica the cause and treatment of her diagnosis using simple terms?
2. What other services could have been used to ensure Veronica understood her diagnosis?
3. What changes can be made in your organization to prevent this from happening?

scenario 4



Yeast Infection

Mrs. Washington had a vaginal yeast infection. She was prescribed medication and told by the doctor to take it with yogurt because it would help with the yeast infection. When Mrs. Washington went in for her follow-up appointment, a strawberry was found in her vagina during the vaginal exam.

Issues to discuss:

1. What technique could be used to ensure that Mrs. Washington understood how to take the yogurt correctly?
2. What other common treatments could be easily misunderstood by patients?
3. What changes can be made in your organization to prevent this from happening?

scenario 5



Herbal Treatment

Sarah (a young mother) called the doctor to make an appointment for her four-month-old son. The child had cold symptoms and was congested. The LVN on duty answered the phone and told Sarah that nothing could be done for her son and to give the child manzanilla (chamomile herb). Sarah asked, "What is manzanilla?" and the LVN told her, "Ask your mother. She will know what that is."

Issues to discuss:

1. Explain if the recommended treatment was appropriate for the child's situation and why or why not. What should have been the protocol for this scenario?
2. What experience have you had with patients who use herbal or home remedies?
3. What changes can be made in your organization to prevent this from happening?

scenario 6



Infant with Diarrhea

Mrs. Zimdahl called the clinic to make an appointment because her baby was having continuous diarrhea. The person working in the phone bank making the appointment told her to give the baby oral electrolyte solution. Three weeks later Mrs. Zimdahl took the baby to the emergency room because the baby would not stop crying and was still sick. Mrs. Zimdahl had stopped giving the baby milk and had been feeding the baby only electrolyte solution. She was starving her baby.

Issues to discuss:

1. What actions should a health care organization take to guarantee that employees practice within their job responsibilities?
2. What other common diagnoses or medical terms could easily be misunderstood by the patients?
3. What changes can be made in your organization to prevent this from happening?

scenario 7



Suicidal Teen

A sixteen year old student named Jimmy presented to the clinic for a doctor's appointment. During the assessment process, the nurse asked Jimmy if he had any suicidal thoughts. He said, "Yes, but a long time ago." At the end of the appointment the doctor wrote orders for Jimmy to see a psychiatrist. The nurse questioned the order because Jimmy's suicidal thoughts had occurred so long ago. The doctor questioned Jimmy further because he knew that the concept of time to teenagers is different from adults. He learned that Jimmy had had suicidal thoughts last week.

Issues to discuss:

1. What questions could the nurse have asked Jimmy to ensure he gave her complete information about his suicidal thoughts?
2. What steps could the nurse take to prevent this from happening again?
3. What changes can be made in your organization to prevent this from happening?

scenario 8



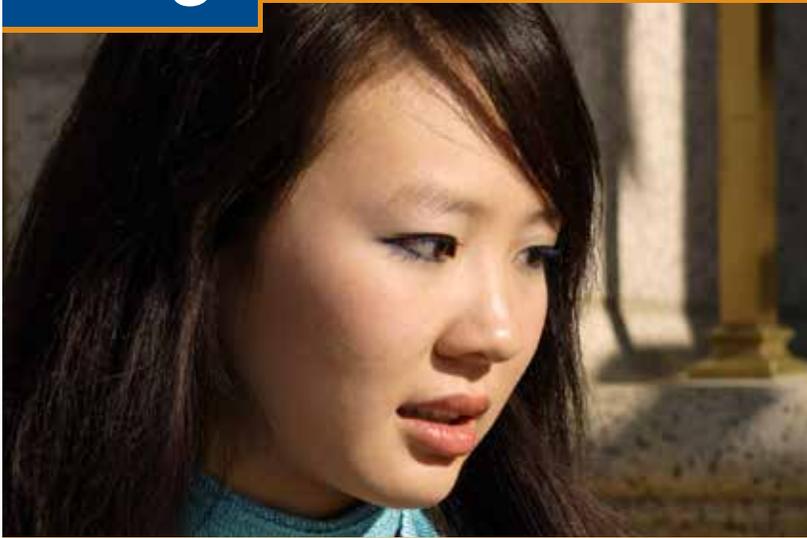
Using an Inhaler

Mrs. Ali was given an asthma inhaler by her doctor. He told her it was for her chest and would help her breathe better. When Mrs. Ali did not get better, she went to the emergency room and the doctor said to her, "Show me how you use your inhaler." They discovered that she had been spraying her chest with the inhaler.

Issues to discuss:

1. What could have caused this to happen?
2. What could Mrs. Ali's caregiver have done to ensure she understood how to use the inhaler?
3. What changes can be made in your organization to prevent this from happening?

scenario 9



Wife in Waiting Room

Mr. Anderson went to the clinic for a doctor's appointment and took his wife (who is Asian) with him. Mr. Anderson left his wife in the waiting room when he was called to be seen. After fifteen minutes, Mrs. Anderson began panicking and screaming because she thought her husband had abandoned her. The staff could not communicate with the patient in her language and could not calm her down.

Issues to discuss:

1. How can office practices impact effective communication?
2. What interpreter services does your organization offer?
3. What changes can be made in your organization to prevent this from happening?

scenario 10



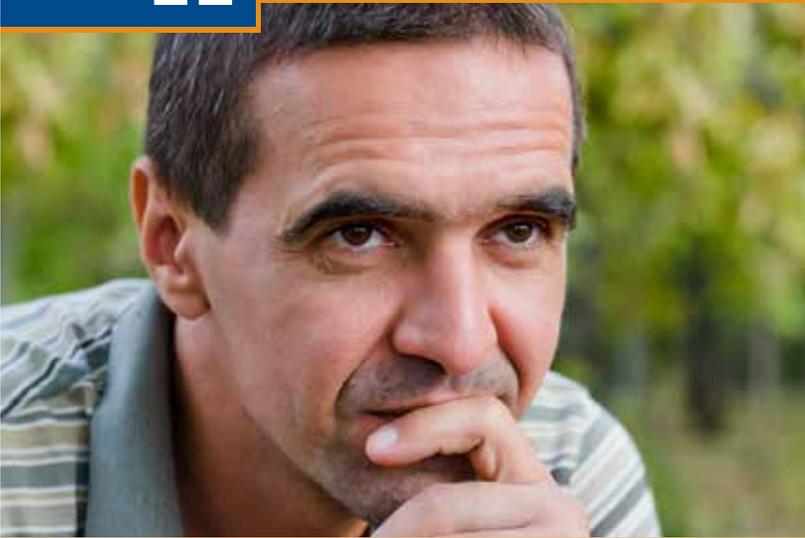
Medication Symbols

Mr. Cherian was given a medication to take once a day with food. The bottle had a picture of a hamburger on it. Mr. Cherian did not take the medication because he could not afford to buy a hamburger every day.

Issues to discuss:

1. How could staff help Mr. Cherian understand how to take his medication?
2. What can clinicians do to improve patients' understanding about taking their medications?
3. What changes can be made in your organization to prevent this from happening?

scenario 11



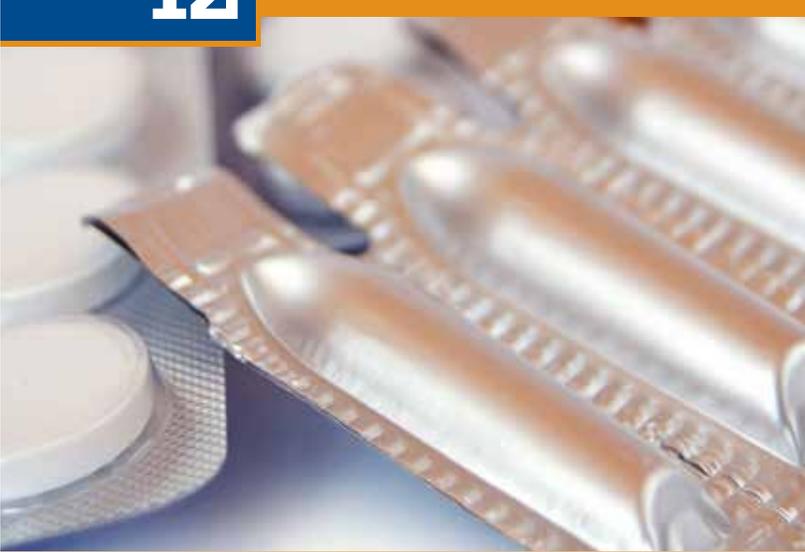
Deaf Patient

Mr. Capparelli, a deaf patient, had to go to the emergency room because he had high blood pressure. He was observed for six hours in the emergency room and got strict orders from the doctor to follow up with his primary care physician (PCP) in the morning. Mr. Capparelli went to the doctor the next morning, escorted by his wife. He was told he could not be seen because they did not have an interpreter for the deaf.

Issues to discuss:

1. What types of services does your organization offer to assist patients who are deaf?
2. How could the clinical staff have intervened to improve Mr. Caperelli's experience?
3. What changes can be made in your organization to prevent this from happening?

scenario 12



Storing Suppositories

Mr. Cho was prescribed suppositories and told to read the directions. Mr. Cho had limited reading abilities. He put them in the back seat of his car where they melted from the heat. When it was time to apply the medication, he did not know what to do with the liquid.

Issues to discuss:

1. What are some low literacy red flags the staff could have identified to determine Mr. Cho had limited reading abilities?
2. What other measures could the staff take to make sure the patient understood how to protect/store his medication?
3. What changes can be made in your organization to prevent this from happening?

scenario 13



Discharge Instructions

At the clinic, Mr. Biswa was put in a cast shoe for a foot injury. During the dismissal process, the nurse asked Mr. Biswa if he had any questions and he shook his head no. When Mr. Biswa came in for his follow-up appointment a week later, his foot was infected and he was in severe pain. He never changed the bandage or the socks and also slept with the cast shoe.

Issues to discuss:

1. How could the discharge process for Mr. Biswa have been improved?
2. What pictures or models might aid in the above explanation?
3. What changes can be made in your organization to prevent this from happening?

scenario 14



Medication Dosage

Mrs. Sanchez, a Spanish-speaking mom, took her son to the doctor for a cough and he was diagnosed with asthma. He was given a prescription for the medication, Prednisolone (a steroid). The prescription read, "Take 2 ml by mouth twice daily." The doctor asked his staff to give Mrs. Sanchez the instructions in Spanish. The mother saw the number "2" on the bottle and gave her son two teaspoons for each dose. After two doses, her son felt worse, so Mrs. Sanchez took him back to the doctor. The staff had never given Mrs. Sanchez the instructions in Spanish, resulting in the patient having received five times the dose each time he received the medication. This could have been fatal.

Issues to discuss:

1. How could you improve the information the patient was given?
2. How could you improve communication between providers and clinical staff?
3. What changes can be made in your organization to prevent this from happening?

scenario 15



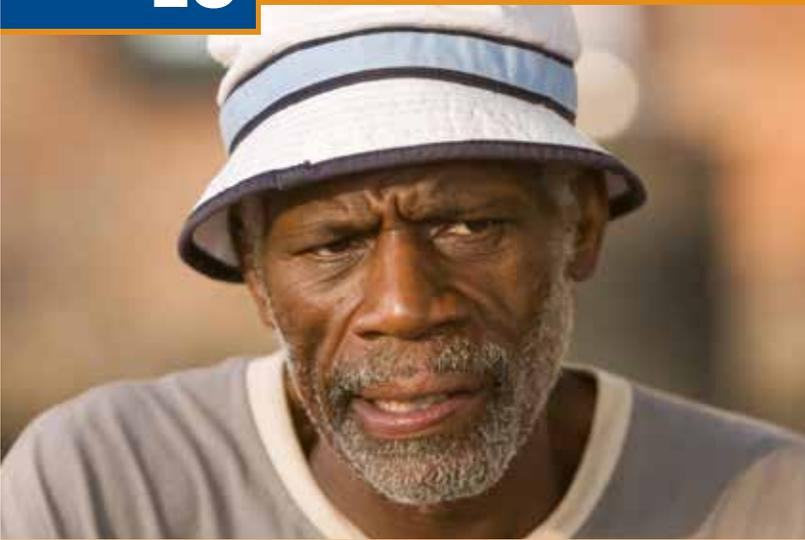
Blood Glucose Meter

Mrs. Slovak received a prescription for a blood glucose meter to check her sugar for diabetes. When Mrs. Slovak got home, she called the clinic because she said the meter did not work. The staff ordered her a new meter. When the new meter came in, Mrs. Slovak went to the clinic and asked the staff to show her how to use it. She also took the first meter with her to return it. After the staff showed her how to use it, the staff checked both meters. They both worked.

Issues to discuss:

1. How might you help a patient learn how to use medical equipment?
2. How can you ensure patients understand how to use their medical equipment?
3. What changes can be made in your organization to prevent this from happening?

scenario 16



Lab Specimen Collection #1

Clinic staff gave Mr. Gwalla lab paperwork and handed him a specimen cup for a urine sample. On the top of the specimen cup, there is a hole with a needle for the urine to be tested by the lab technicians. Mr. Gwalla kept pressing his penis into the hole with the needle to try to make his urine go into the cup. This caused his penis to bleed.



Issues to discuss:

1. What type of training could the staff use to ensure Mr. Gwalla understood how to give a urine sample?
2. How could staff make sure Mr. Gwalla understood what he needed to do with the cup?
3. What changes can be made in your organization to prevent this from happening?

scenario 17



Lab Specimen Collection #2

The dismissal staff gave Mrs. Gean-Pierre paperwork for blood work and a specimen cup for a urine sample. On the top of the specimen cup, there is a needle for the urine to be tested by the lab technicians. Mrs. Gean-Pierre kept sticking her index finger into the hole with the needle to make her blood go into the cup.



Issues to discuss:

1. How could the staff improve communication to make sure Mrs. Gean-Pierre understood how to provide a specimen?
2. How could communication be improved between the dismissal staff and the lab employees?
3. What changes can be made in your organization to prevent this from happening?

scenario 18



The Meaning of “Stool”

Mr. Quang was given lab paperwork by his doctor. The RN gave him instructions to come back in one week for his follow-up appointment and gave him three specimen containers. The RN asked Mr. Quang to bring the three containers back with stool samples and asked him if he understood what to do. He nodded yes. When Mr. Quang came back to the clinic for his follow-up appointment, he gave the three empty specimen containers to the aide and said that the nurse told him to bring them back. Mr. Quang did not know what the word “stool” meant.

Issues to discuss:

1. Why is it important to use simple and easy to understand words with a patient? Why is it important to use an interpreter?
2. What kind of patient education materials could have been used in this situation?
3. What changes can be made in your organization to prevent this from happening?

scenario 19



The Meaning of “Fasting”

Ms. Smith was given lab paperwork by her doctor. The dismissal staff told Ms. Smith to come to the lab clinic the next day to get the blood work done. The next day she took two buses to drop off her children at the day care and then took four buses to get to the clinic. Ms. Smith ate some food during her bus ride. When she arrived at the clinic, the lab technician asked her if she had eaten anything. She said she had. The lab technician told her she was supposed to “fast” before getting her blood test so she had to come back on another day when she was fasting. Ms. Smith asked “What does fasting mean?” In addition to multiple bus rides, the patient missed a day of work without getting paid and was very upset.

Issues to discuss:

1. What could the dismissal staff have done to ensure that Ms. Smith understood what she was supposed to do on the day her lab work was to be drawn?
2. What other measures could be taken to improve the patient experience for Ms. Smith?
3. What changes can be made in your organization to prevent this from happening?

scenario 20



Registration Process

Mr. Patel went to the clinic to see the doctor and sat down in the waiting room. He did not speak or read English. After waiting for over an hour, he got frustrated because no one called him to the front desk. Mr. Patel noticed other people going to the customer service representatives at the front desk and finally got up to ask them why he had not been called. He did not know he had to register to be seen by the doctor.

Issues to discuss:

1. What could the clinical staff do to prevent this situation from happening to other patients?
2. How can interpreter services be used in this situation?
3. What changes can be made in your organization to prevent this from happening?

University Health System

Owned by the people of Bexar County, University Health System is a nationally recognized academic medical center. In partnership with UT Medicine San Antonio, the practice plan of The University of Texas Health Science Center, it is consistently recognized as a leader in advanced treatment options, new technologies and clinical research.

University Health System is South Texas' first and only health system to earn Magnet status. Only about six percent of U.S. hospitals have earned this prestigious designation from the American Nurses Credentialing Center (ANCC) in Washington, D.C. Magnet hospitals offer patients reassurance they are being cared for by a team with a proven track record for providing excellent care and positive outcomes for their patients. University Health System is also consistently recognized by U.S. News & World Report in its annual Best Hospitals Survey.

University Health System is one of the largest employers in Bexar County with over 5,000 employees and nearly 700 resident physicians. Its facilities serve as the primary teaching locations for the UT Health Science Center School of Medicine.

University Hospital, currently operating 496 beds, is one of just 15 Level I trauma centers in Texas. It serves the lead Level I Trauma Center and the only Pediatric Trauma Center for 22 South Texas counties. The Emergency Center at University Hospital is the busiest in the region and averages nearly 70,000 visits each year. A new one million square-foot hospital tower will open at University Hospital in the Spring of 2014.

University Health System provides healthcare for adults and children close to home at our outpatient locations, including the Robert B. Green Campus, Texas Diabetes Institute, 13 neighborhood clinics across the community, five urgent care clinics (ExpressMed) and four outpatient renal dialysis centers.

University Health System's Community First Health Plans is the region's only locally-owned and operated, not-for-profit HMO.

University Health System is also a joint owner of San Antonio AirLIFE, which provides emergency air medical transport services for critically ill and injured patients from across South Texas.

University Health System is committed to delivering patient-centered, culturally competent and high quality healthcare, based on a strong foundation of outcomes-based research and teaching.

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