Patient- Physician



Partnership

| Patient ID#: | Date: |
|--|--|
| Coach ID#: | Start Time: |
| | End Time: |
| Introduction: Hello my name isI am your | coach. I am here today to help you work on ways to make your |
| doctor visit more helpful to you. Sometimes doctors have to see a lo | ot of patients in a short time so we want to make sure you get the |
| most out of your visit. The main thing is to help you talk more with | your doctor. In order to be able to remember your concerns we |
| will give you this patient diary. (Demonstrate patient diary). | |

| Topics | CHW Questions | Communication with MD | Skill Building/Practice | Reinforcement/ Support to |
|------------------------|------------------------|---------------------------|----------------------------------|------------------------------|
| | | | Communication (designed to get | communicate with the doctor |
| | | | patient to say what he/she would | and have confidence in |
| | | | ask MD) | talking. (Use Patient Diary) |
| (Concerns about health | Can you tell me about | Tell me how easy it is to | What would be a good | That's good but it's hard |
| and HBP | any concerns you may | discuss these concerns | question to ask your doctor? | to remember, let's write |
| | have about your health | with your doctor. | (That's a great question) | the question in your diary. |
| What concerns do you | or your HBP? | | | |
| have today? | - | | | |
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|--|---|--|--|---|
| HBP Knowledge Beliefs What knowledge do you have about HBP? Do you have any beliefs about HBP? | What is it you know about HBP and how it affects you? | You seem to know a lot, that's great. Or Are there things you should ask your doctor that you may not be sure about? | What would you say to your doctor? What question would you ask? | That's good but it's hard to remember, let's write the question in your diary? |

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|--------------------------|------------------------|-------------------------|--------------------------|---------------------------|
| | People have concerns | Have you ever | What changes would you | That's good but it's hard |
| Treatment Medication | about HBP meds, when | asked/talked with your | like the doctor to make? | to remember, let's write |
| | to take them, and side | doctor about | How would you ask the | the question in your |
| Do you have any | effects. What makes it | Your | doctor? | diary? |
| concerns about your | difficult for you to | concerns regarding your | | |
| HBP meds or their side | follow the regimen? | treatment | | |
| effects? | _ | | | |
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| Do you find it difficult | | | | |
| to follow the regimen? | | | | |
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| What you eat Do you have any | Are you concerned about what you are eating? | Do you have questions? Do you need more information? | Tell me what you would ask the doctor? | That's good but it's hard to remember, let's write the question in your |
| concerns about your daily diet? | | | | diary? |
| Do you find it hard to give up certain foods? | | | | |
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| Smoking Do you smoke? | Do you want to quit smoking? Have you tried to cut down on smoking? | Do you need more information? Have you talked with your doctor? | Tell me what you say to the doctor? | That's good but it's hard to remember, let's write the question in your diary? |
| | | | | |

| | | Skill Building/Practice Communication (designed to get patient to say what he/she would ask MD) | Reinforcement/ Support to communicate with the doctor and have confidence in talking. |
|------------------|---|--|---|
| t being more ve? | want to ask your doctor, do you need more | Tell me what you would ask the doctor? | That's good but it's hard to remember, let's write the question in your diary? |
| t | being more ? | being more want to ask your doctor, do | patient to say what he/she would ask MD) Do you have questions you being more want to ask your doctor, do you need more Patient to say what he/she would ask the doctor? |

| Alcohol | Do you drink beer or other alcoholic | Do you need more information? Have you | Tell me what you would say to the doctor? | Talking to your doctor is most important but it's |
|--|--------------------------------------|--|---|---|
| Do you feel that you have a problem with alcohol? | beverages? | talked with your doctor? | | hard to remember, let's write the question in your diary. |
| Do you feel that you need help cutting down or quitting? | | | | |
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|---|--|--|--|--|
| Stress Do you feel that you are stressed? | Are there things in your life that cause stress or problems for you? | Have you had a chance to talk with your doctor about these issues? | Tell me how you would talk to the doctor about this? | That's good but sometimes it's hard to remember, let's write the question in your diary? |
| Other problems or concerns Do you have any other issues or concerns that you would like to discuss with your doctor today? | Can you discuss with me about these other concerns/problems? | Tell me how easy it is to Discuss these concerns with your doctor. | What would be a good question to ask your doctor? (That's a great question) | That's good but it's hard to remember, let's write the question in your diary. |

Remember we are trying to help you get the most out of your visit. Talking with your doctor about all of your problems and concerns is very important.

Thank you and have a good visit. We will see you once you are finished.