



# Collaborative Screening: Guidance for Person-Centered Inquiry

July 14 + 15, 2022 | 8:30am-4:30pm

## BACKGROUND



The Association supports community health centers to establish and maintain social needs screening programs to connect clients to needed resources and better inform care leading to improved health outcomes and lives for clients.

We host a monthly Social Determinants of Health Workgroup to enable peer discussion, share best practices and challenges and training on helpful topics.



Washington  
Association for  
Community Health



With generous support from the  
Kaiser Foundation Health Plan of  
Washington

## LEARNING OBJECTIVES



By the end of this learning series, participants will be able to:

- Connect the dots between person-centered screening and referral, value-based care and health equity strategies
- Describe trauma-informed and person-centered design principles for conducting screening and referral conversations and system design
- Facilitate person-centered screening and referral interactions using the Collaborative Screening conversation guide
- Articulate next steps for creating a more person-centered approach at their organization

## PRESENTER



**COLLABORATIVE SCREENING**  
Guidance for Person-Centered Inquiry



**Ariel Singer**  
Healthcare Transformation Strategist,  
Facilitator and Trainer

## SKILL-BUILDING



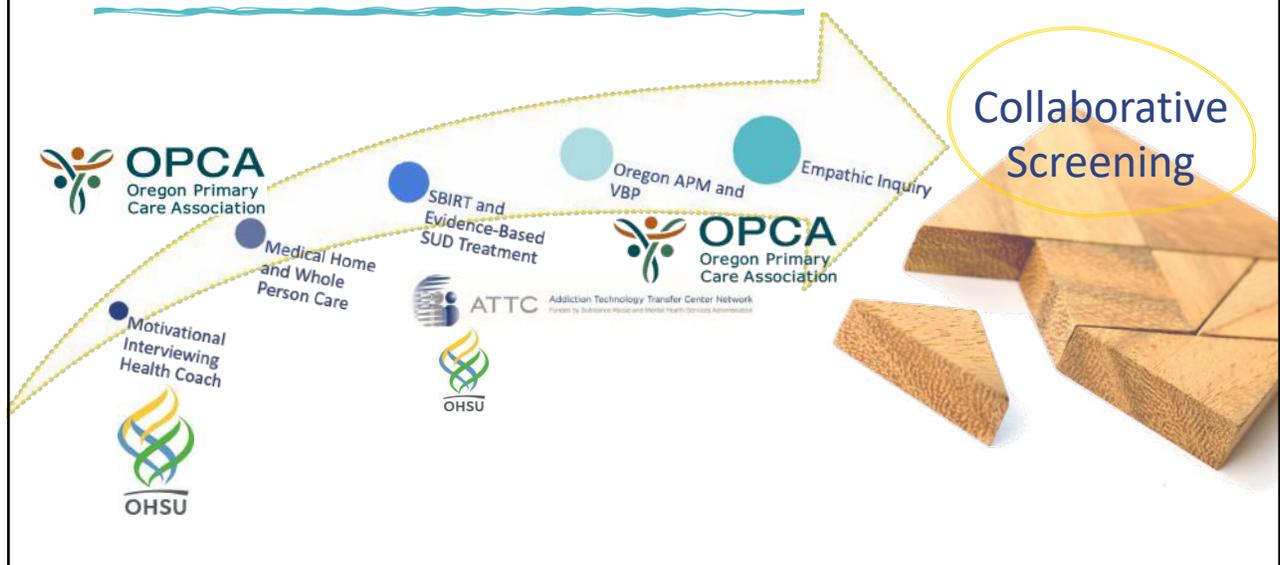
**COLLABORATIVE SCREENING**  
Guidance for Person-Centered Inquiry

### Collaborative Screening Skill-Building Series July-December 2022 | Second Wednesday 12-1 PM

Join this monthly webinar series to review and practice the person-centered screening and referral skills introduced in the Collaborative Screening workshop. Building on the Collaborative Screening workshop skills, we will also learn and practice some additional evidence-based practices for effective and partnership-based communication with patients:

- Start Off Strong: Engagement Strategies
- Demonstrate Empathy: Open Questions and Reflective Listening
- Supporting Change: Building Motivation for Next Steps
- Build Self-Efficacy: Affirmations and Strengths-Based Care
- Facilitate Referrals with Ask-Tell-Ask
- End with Clarity: Summaries and Teachback

## How I Got Here



## Group Agreements

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- Share, listen, *participate*
- Take care of yourself
  - Stand up
  - Step out
- Respect others—limit distraction
- Be gentle on yourself and others
- Roll up your sleeves and practice
- Have fun!

**SHOW UP**  
**BREATHE**  
**DO YOUR BEST**  
**BE KIND**  
**LEARN**  
**REPEAT.**

<https://lisacongdon.com>

## Popular Education

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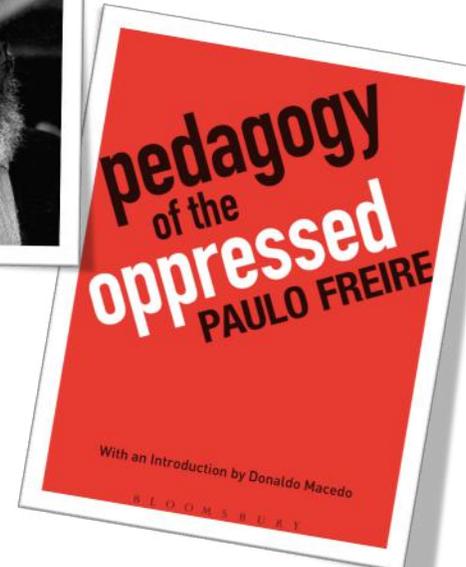
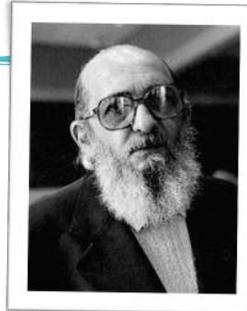
- People-oriented and people-guided approach to education
- Centered on participant life experiences
- Affirms dignity and knowledge of all participants
- All teach, all learn
- Empowers people to think critically and take action for change

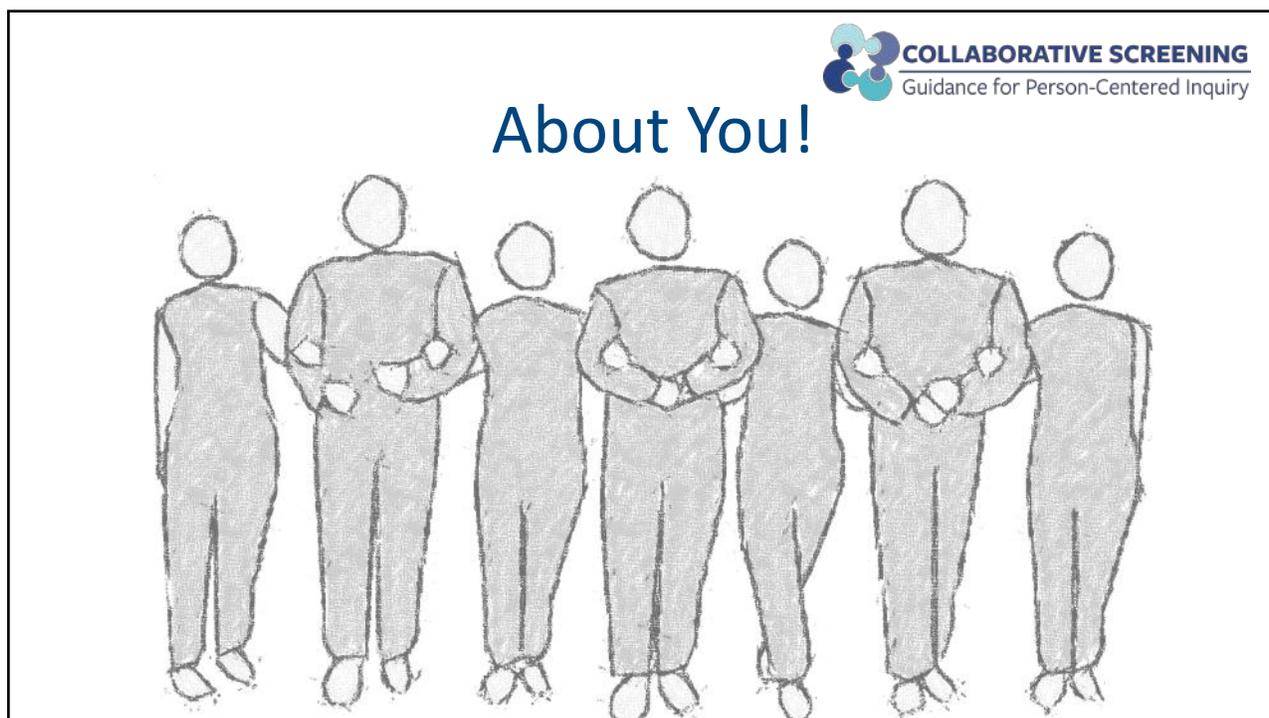
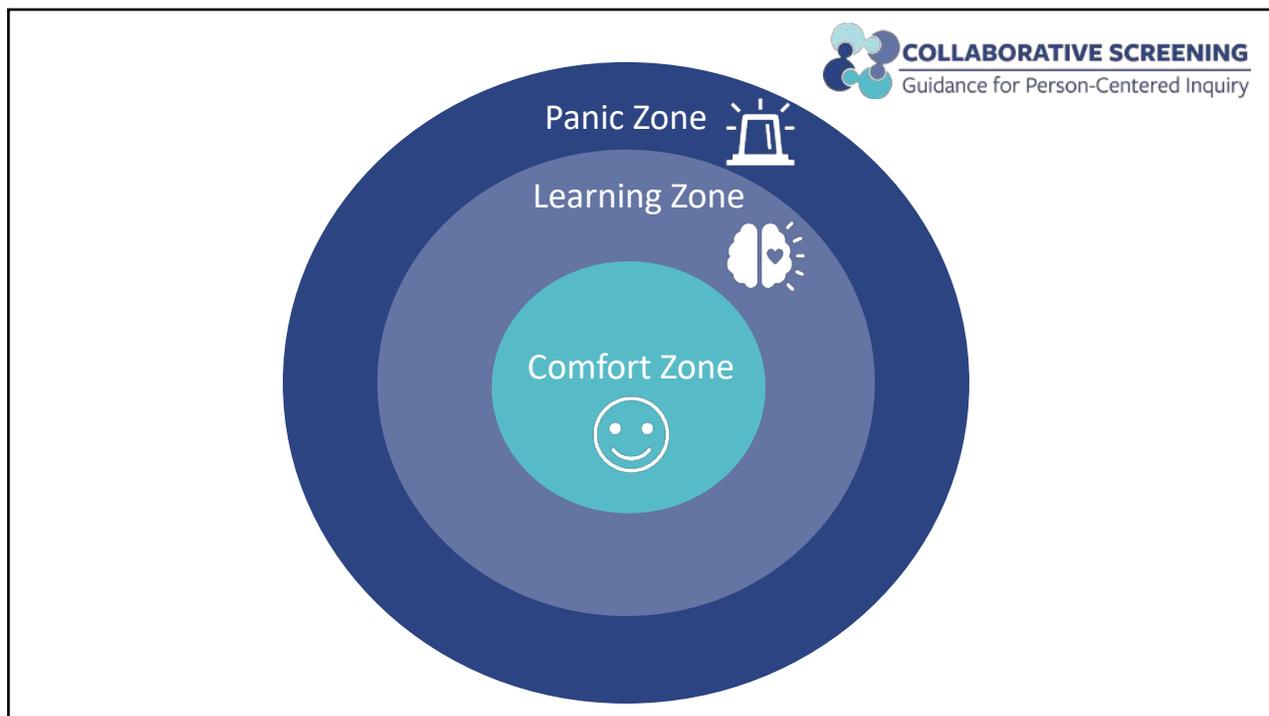
<http://www.intergroupresources.com/popular-education/>

## Paulo Freire

“Washing one's hands of the conflict between the powerful and the powerless means to side with the powerful, not to be neutral.”

“If the structure does not permit dialogue the structure must be changed”





## Whole Person Health

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- Why is screening important?
- What does person-centered care mean to you?
- How person-centered do you think your screening and referral strategies are overall?

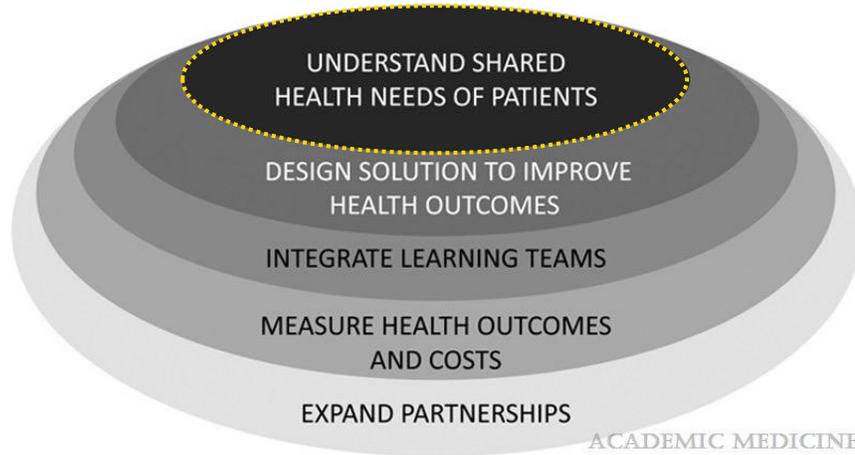
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Healthcare  
Transformation



# Value-Based Health Care



[Defining and Implementing Value-Based Health Care: A Strategic Framework](#)

Teisberg, Elizabeth; Wallace, Scott; O'Hara, Sarah. Academic Medicine 95(5):682-685, May 2020.

# We Are All Patients



**COLLABORATIVE SCREENING**  
Guidance for Person-Centered Inquiry

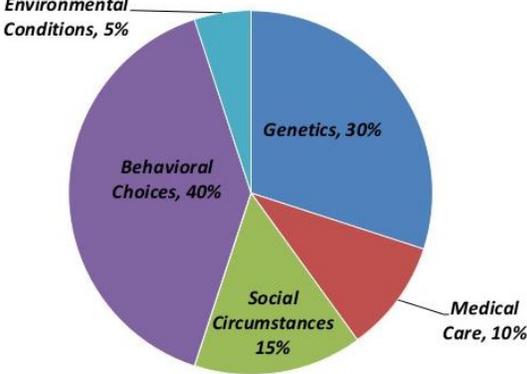
## Every Journey is Different



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## The Cracks in the Journey

### Factors Influencing Health



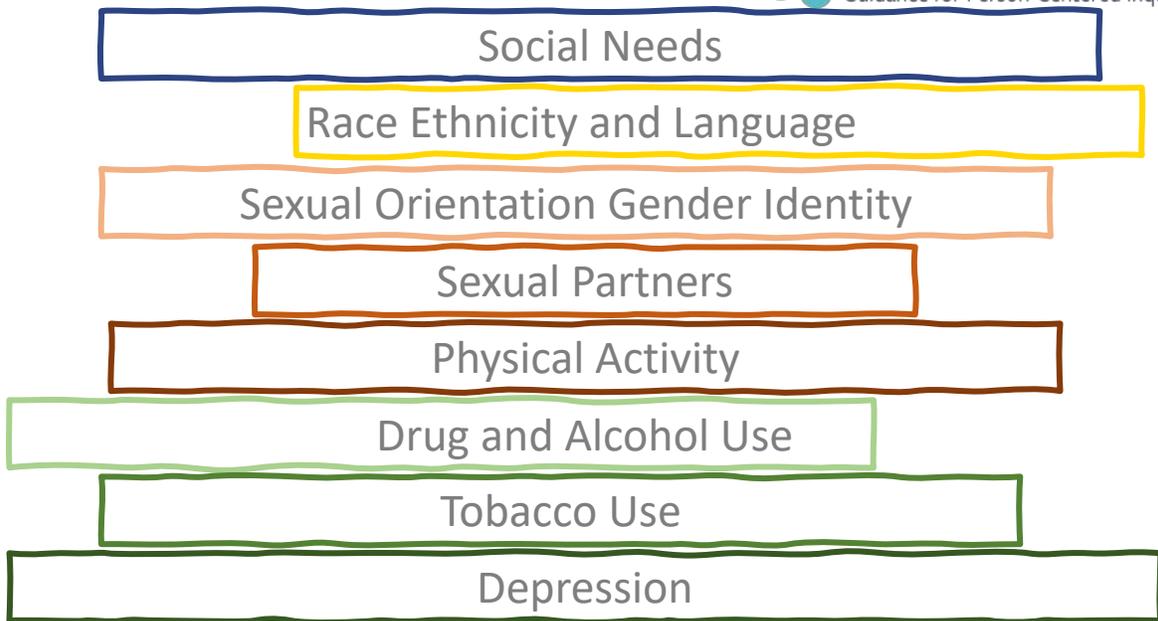
Factor	Percentage
Behavioral Choices	40%
Genetics	30%
Medical Care	10%
Social Circumstances	15%
Environmental Conditions	5%

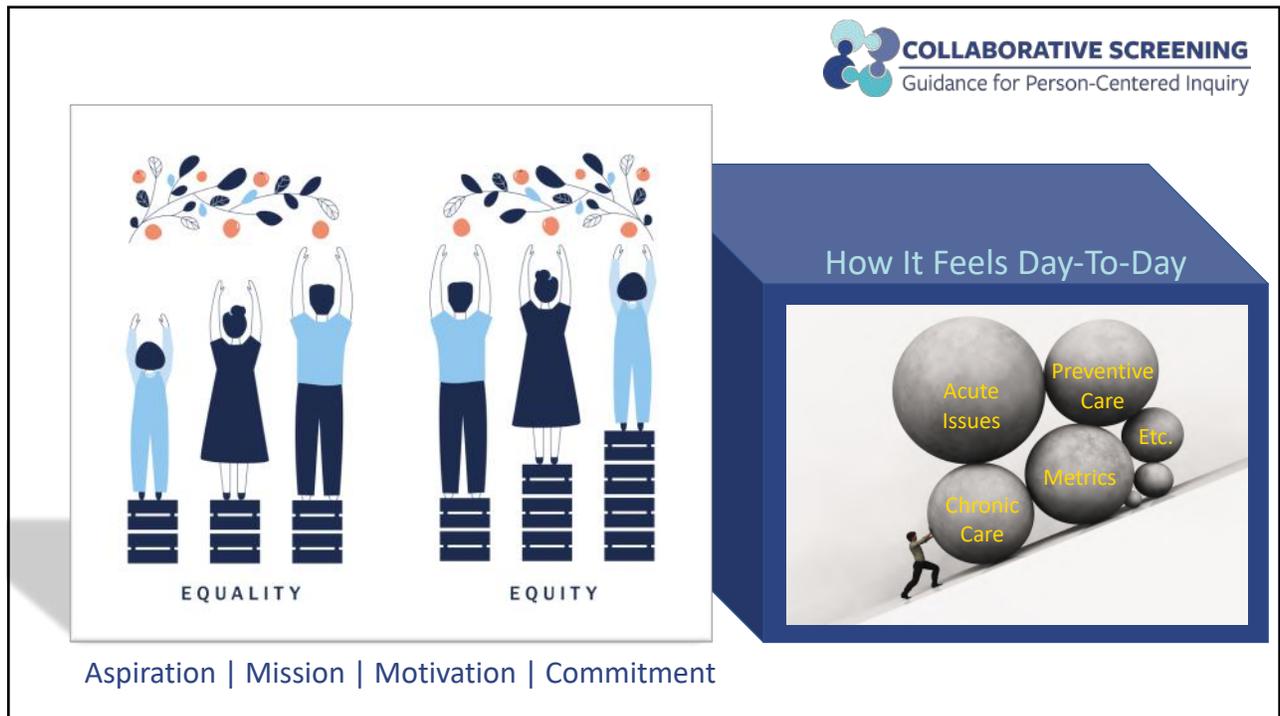
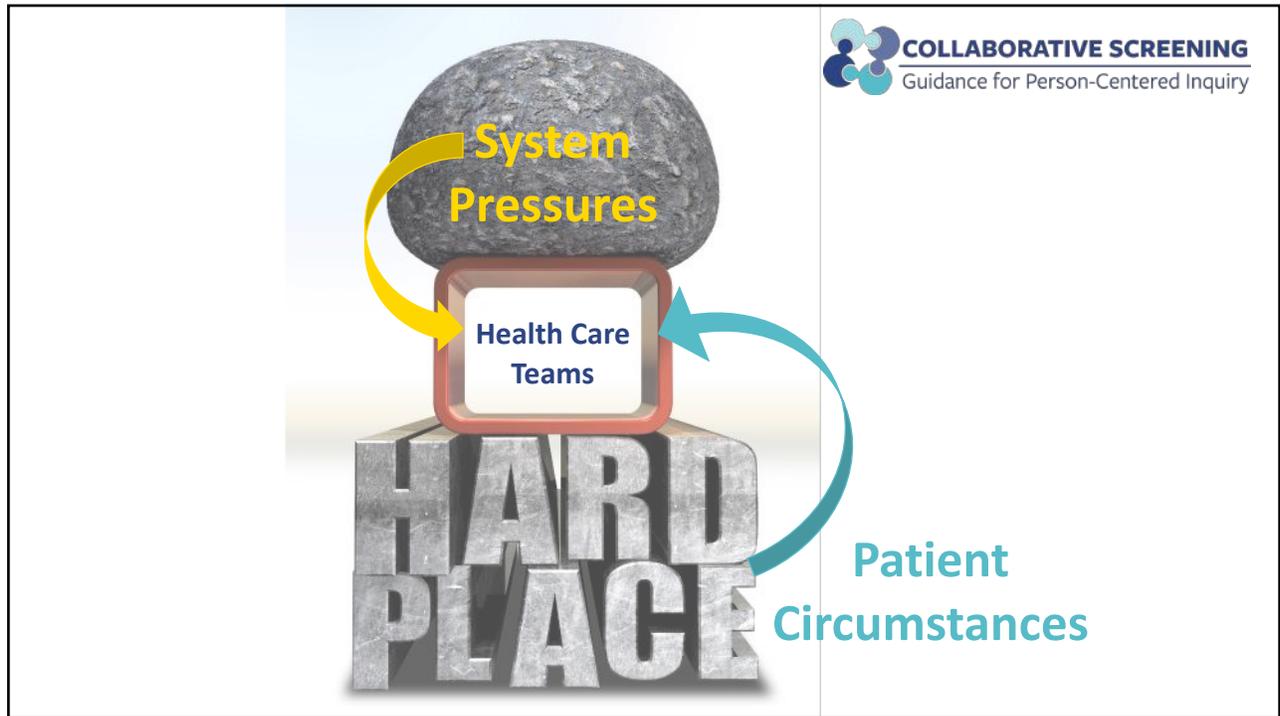
# Closing the Gaps

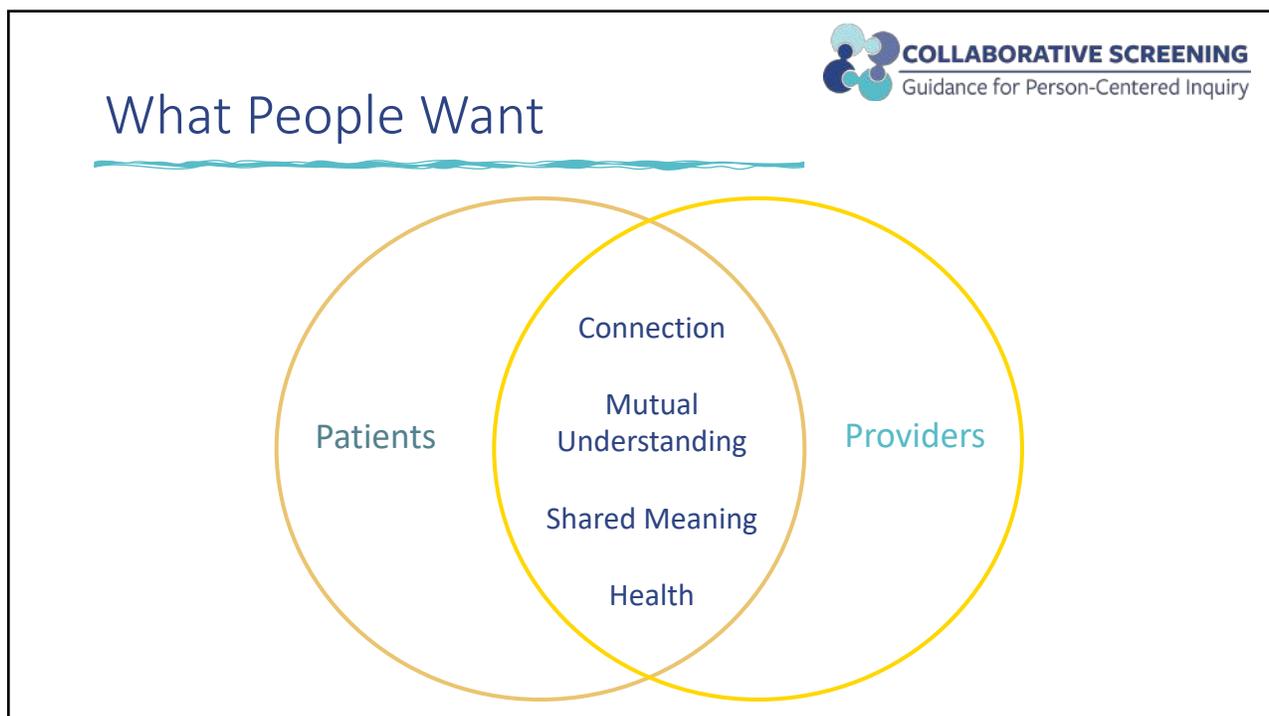
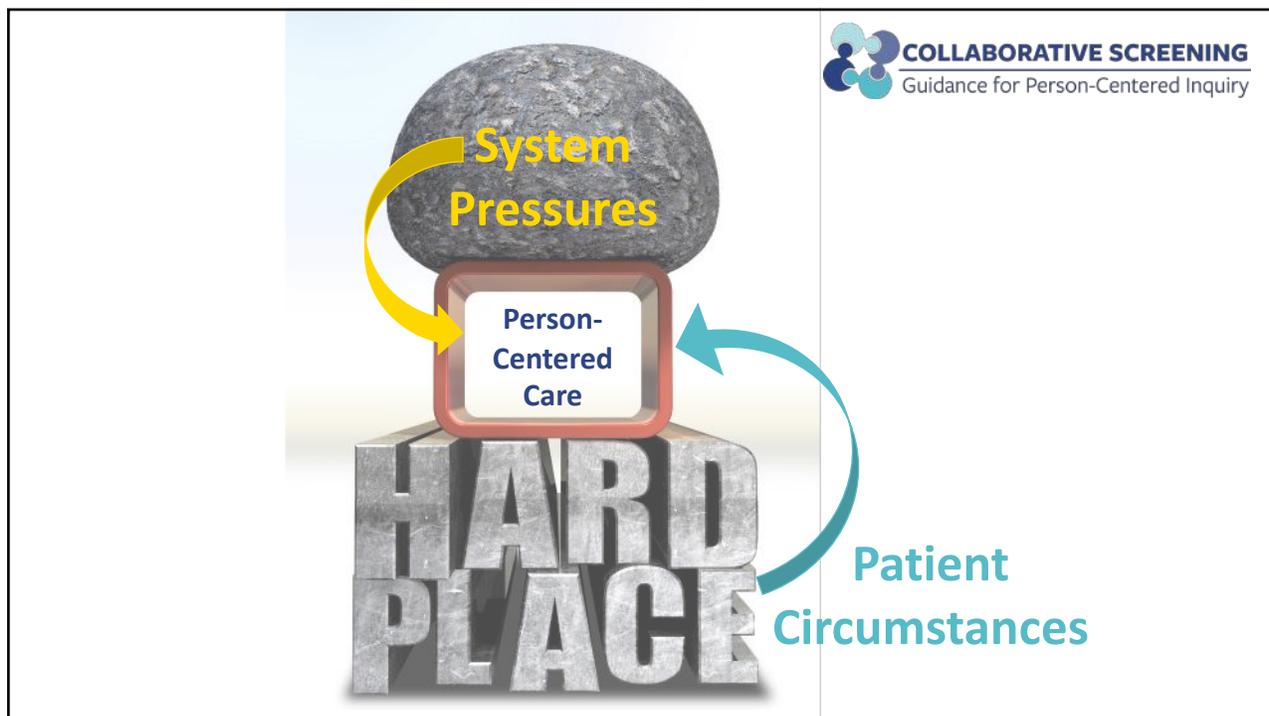


Teisberg, Elizabeth; Wallace, Scott; O'Hara, Sarah. Academic Medicine95(5):682-685, May 2020.

# Screening Screening Screening









**COLLABORATIVE SCREENING**  
Guidance for Person-Centered Inquiry

Collaborative Screening is an evidence-informed and **person-centered approach** to gathering information and following up with referrals in health and social service settings that elevates the **perspective, expertise and autonomy** of the individual being served, rather than the needs and requirements of the institution.

- Motivational Interviewing
- Trauma-Informed Care
- Empathic Inquiry
- Cultural Humility
- Health Equity
- Stakeholder Input



**COLLABORATIVE SCREENING**  
Guidance for Person-Centered Inquiry



- Social Needs
- Race Ethnicity and Language
- Sexual Orientation Gender Identity
- Sexual Partners
- Physical Activity
- Drug and Alcohol Use
- Tobacco Use
- Depression

THEN WHAT?



**FOUNDATION FOR  
Health Care Quality**



**COLLABORATIVE SCREENING**  
Guidance for Person-Centered Inquiry

<p><b>Plan</b></p> <ul style="list-style-type: none"> <li>• Embed diversity, equity, and inclusion into organizational principles</li> <li>• Level-setting/buy-in</li> <li>• Annual implicit bias training for all staff and board members</li> <li>• Collaborate with patients and staff on pilot planning and workflow</li> </ul>	<p><b>Identify</b></p> <ul style="list-style-type: none"> <li>• Universal FHIR-defined screening with validated tool(s) for:                             <ul style="list-style-type: none"> <li>◦ <a href="#">Race</a></li> <li>◦ <a href="#">Housing security</a></li> <li>◦ <a href="#">Food security</a></li> <li>◦ Transportation need</li> <li>◦ Other high priority domain(s)</li> </ul> </li> </ul>	<p><b>Track and Measure</b></p> <ul style="list-style-type: none"> <li>• Integrate SDOH into existing disease or diagnosis registry or develop new registry</li> <li>• Use FHIR-defined resources and bill using z-codes</li> <li>• Stratify population by social need(s) into ≥2 tiers</li> <li>• Stratify process, patient-reported outcomes, and health outcomes by race categories</li> </ul>	<p><b>Follow-Up</b></p> <ul style="list-style-type: none"> <li>• Resource lists for low-risk patients</li> <li>• Case management for higher-risk patients</li> <li>• Closed loop referrals</li> <li>• Plan-Do-Study-Act where disparity is identified</li> </ul>
<p><b>Incentivize and Invest</b></p> <ul style="list-style-type: none"> <li>• Reimbursement mechanisms supporting above pathway aligned with value-based payment</li> <li>• Interoperable community information exchanges, learning collaboratives, and social care integration</li> <li>• Organizing body to align state-wide stakeholders</li> </ul>			
<p><b>Next Steps</b></p> <p>Further investment is needed to convene, coordinate, and lead efforts to address SDOH and reduce racial inequities. We propose the following three-step process:</p>			
<p><b>Ongoing Coalition</b></p> <ul style="list-style-type: none"> <li>• Aggregate emerging best practices from national and local organizations</li> <li>• Synthesize national best practices to be meaningful to our region</li> <li>• Disseminate findings to stakeholders</li> </ul>	<p><b>Data Registry</b></p> <ul style="list-style-type: none"> <li>• Collect standard SDOH and race data</li> <li>• Analyze and benchmark data to inform broad learning community and to demonstrate value</li> <li>• Target gaps for quality improvement</li> </ul>	<p><b>Systems Transformation</b></p> <ul style="list-style-type: none"> <li>• Facilitate public-private partnerships</li> <li>• Develop resources and support for local SDOH pilot projects</li> <li>• Partner with community-based organizations to expand capacity</li> </ul>	

<https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2021/05/SDOH-Equity-Summary-2021.pdf>



Maximizing population-level impact of screening requires its own strategy

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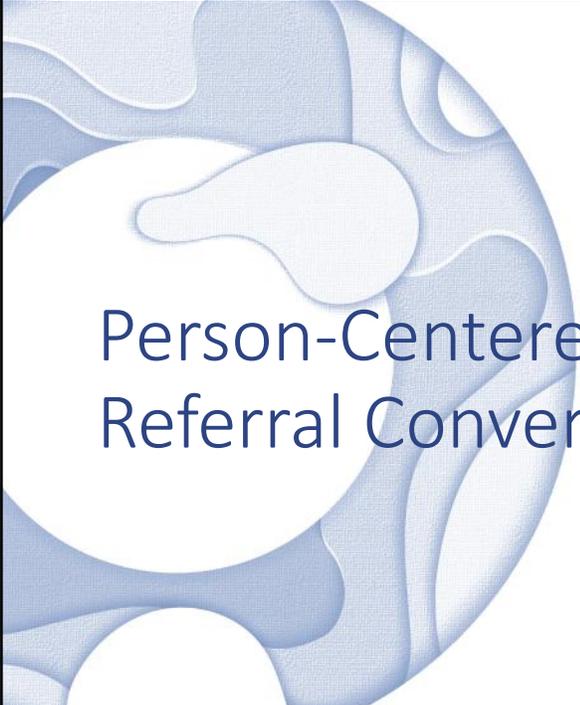
Multi-domain investment in people, process and technology



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- HIE/CIE
- Targeted clinical interventions
- Sustained focus on equity
- Aligned incentives
- Community partnership



# Person-Centered Screening and Referral Conversations



**COLLABORATIVE SCREENING**  
Guidance for Person-Centered Inquiry

Roles			
Host **		Tanya*	
Reporter ***		Karen Johnson*	
Adam Lee*		Sam*	
Jose Gonzalez*		Carrie Katz **	
Irina*		Ray*	
Maribel Rodriguez ***		Charlotte*	
Manuel Rivera **		Thank you, volunteers!	

## Radio Play Debrief



Lightbulb Moments



Questions



Connections



Key Takeaways

## Brene Brown on Empathy



## Empathy

### Four Attributes of Empathy

Wiseman, T. (1996). A concept analysis of empathy. *Journal of Advanced Nursing*, 23, 1162-1167.

- See the world as others see it.
- Understand another's current feelings
- Remain non-judgmental
- Communicate the understanding

#### Strengths

- Demonstrates listening and creates the feeling of being heard.
- Shows the speaker that the listener honors and cares about their experience.
- creates a feeling of connection by conveying attentiveness and curiosity, even if the listener does not share the experience of the speaker.

#### Limitations

Shared experience can be very powerful, and empathy may not always be able to bridge that gap.

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## Sympathy

Feelings of pity and sorrow for someone else's misfortune.

<https://en.oxforddictionaries.com/definition/sympathy>

“Each person's grief has its own fingerprint. Every journey of sorrow has a unique map. Hearts will heal on their own timetable. Never presume to know how others should deal with their pain.”

– John Mark Green

### Strengths

- Conveys caring and shows the speaker that the listener is moved by their experience.
- Even when we are powerless to change someone else's suffering, expressing sympathy show others that we share in their sorrow.

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### Limitations

- Sympathy changes the conversation to be about the emotional experience of the listener.
- In an attempt to relieve the listener, many people feel compelled to respond to any expression of sympathy with, “Its ok, I'm fine.”
- Sympathy may also come across as the listener's pity, suggesting a lack of confidence in the personal agency and empowerment of the speaker.

## Identifying

Process by which one ascribes to oneself the qualities or characteristics of another person.

<http://www.dictionary.com/browse/identification>

“To sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing recognition that it is *as if* I were hurt or pleased and so forth. If this "as if" quality is lost, then the state is one of identification.”

– Carl Rogers

### Strengths

- Shared experience can pierce feelings of isolation and be a powerful source of comfort during a hard time.
- Hearing, “I've been there too,” can quickly create strong feelings of trust and companionship.

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### Limitations

- There will always be people with whom this method for emotional connection is not possible.
- The emphasis on shared experience may weaken interpersonal boundaries and leave the listener more vulnerable to secondary trauma.
- Identifying shifts the focus of the conversation to the listener.
- May lead to assumptions or misplaced advice.

## How Being Listened To Generally Makes Us Feel

- Ready to talk more
- Understood
- Accepted
- Able to change
- Open
- Respected
- Engaged
- Safe
- Empowered
- Comfortable
- Interested
- Cooperative
- Trusting
- Ready to come back
- **More likely to move in a positive direction!**

## Establishing Empathy



**UNDERSTAND** the patient → Asking **QUESTIONS** and **LISTENING**



**SHOW** that we are **LISTENING** and that we **UNDERSTAND** → Responding with **REFLECTIONS**

## What makes for good reflective listening?



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## Reflective Listening



- *Efficiently* facilitates connection and the feeling of being heard
- Tests a hypothesis about what the speaker means
- Requires non-judgmental curiosity and non-attachment to being “right” or in agreement with the speaker
- Is powerful, even when “wrong”

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## Sounds like

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- So you feel...
- You're wondering if...
- You're feeling...
- It sounds like you...
- It seems to you...
- So you....



## Sounds like

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- So **you** feel...
- **You**'re wondering if...
- **You**'re feeling...
- It sounds like **you**...
- It seems to **you**...
- So **you**....



## Sounds like...

---

Speaker: Well, you know, I was very selective about what I would disclose. Some stuff, I'm not sure that it won't go to the grave with me. So but when you're just sitting down, and meeting somebody, you know...it's embarrassing to talk about some stuff that has happened to me and stuff that I have perpetrated on other people, you know, I have been a bully. I have been a bully and a liar, and all that and you know, it's embarrassing.

Listener: It sounds like you're really taking responsibility for yourself and also doing that requires vulnerability, and you kind of do it at the pace that feels comfortable.

Speaker: You know the trust is such a big thing. It's everything really, it really is. And, you know it takes time and you have to be willing to take risks, you know? And when I take a risk and it doesn't pan out, then it's a huge setback. You know, I have terrible depression and and it'll hobble me, you know, so I have to be really careful about my emotions and expectations of down payment for resentment.

Listener: So you have to be willing to take the risk of building that kind of relationship.

Speaker: Yeah. Well, I don't know, I imagine for a lot of people, trust is a huge issue. When you're talking about past traumas or, or whatever brings you in to get mental health help, it's not easy. It's not easy to talk about that stuff. Speaking from a man's point of view, you know, I myself get along better with women. I am much more apt to share more in depth with women and I don't know why that is. That's just for me, maybe somebody else has a different preference. You know, you could find out during the interview process, you know, would you rather talk to a female or a male. I would've liked to have had that option.

Listener: To be given more choices.

Speaker: Yeah, mmm-hmmm.

## Sounds like...

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Speaker: I've always set others ahead of me.

Listener: Putting yourself second is something that you've practiced for a very long time.

Speaker: It's not even second, dude. It's, like, 300th, you know?

QE S6, E3 <https://tvshowtranscripts.ourboard.org/viewtopic.php?f=1158&t=49913>



Speaker: I actually had a pair that were like this when I first met Jodie. She loved 'em.

Listener: And what do you think Jodie would think about this whole experience?

Speaker: She would want this for me. Yeah. She would want me to go on.

Listener: Yeah, hopefully, you're gonna have many, many, many more years ahead of you. And you wanna enjoy your life.

Speaker: Exactly.

QE S6, E5 <https://tvshowtranscripts.ourboard.org/viewtopic.php?f=1158&t=49915>

## Listen for...

- Values
- Strengths
- Emotions
- Priorities
- Concerns



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<https://www.humansofnewyork.com/>

“His Multiple Sclerosis never felt like a big part of our childhood. Our parents made sure of that. We still went to baseball games. And took a lot of vacations. And Dad did everything he could to be a normal dad...

Several years ago my dad retired to focus full time on his health...He’s managed to get back a lot of independence, which has taken pressure off Mom.”



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<https://www.humansofnewyork.com/>



“I was working as a school secretary. I’d just turned 40. My kids were finally a bit older, so I decided it was time. College was unfinished business for me.

At first I was just planning to get my undergrad degree, but halfway through I thought: ‘Wait a minute, I’m going to be a school counselor.’ My biggest motivation was all those years I’d spent as a young mother: trying to take care of three babies, while still growing up myself.”

<https://www.humansofnewyork.com/>



“I didn’t get my first hearing aids until elementary school. And those helped a lot, but they didn’t actually restore my hearing, they just amplified sound. It could be hard to pinpoint voices. And I still had to read lips, so I was constantly asking people to talk slower.

It was exhausting. And I felt like a burden, like I was constantly pushing my disability on other people. Eventually I just stopped trying to engage, which came with its own set of problems.”



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“You know how every school has that one person that’s kinda famous? That’s our Rosso...She does a little bit of everything for these kids.

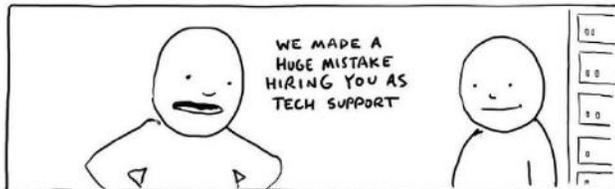
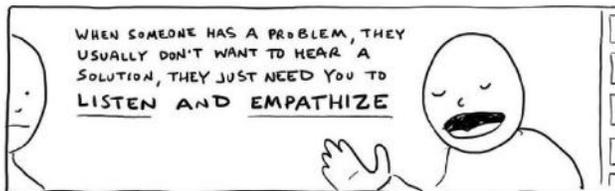
If a kid is absent, she goes looking for them. She doesn’t care if it’s in the projects. She’ll knock on their door, pull them out of bed, and make sure they go to school.

Rosso’s English is a little off. She can be hard to understand sometimes. But nobody cares. She calls me Hawkinson, and my name is Hawkins. But it’s all love. When my mom passed, Rosso came to my house. Asking me if I was OK. Asking if I’d eaten. She said: ‘Hawkinson, is there anything I can do?’ That’s our Rosso.”

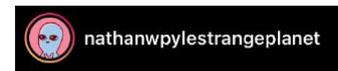


<https://www.humansofnewyork.com/>

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## Collaborative Screening Conversation Guide

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Share how the conversation guide is:

- Supportive
- Familiar
- Missing things
- What else...?

Can we still  
do this well  
remotely?



Yale University School of Management researchers conducted:

5

### Experiments on Empathic Accuracy

- Voice-only
- Voice and visual
- Multi-sense communication

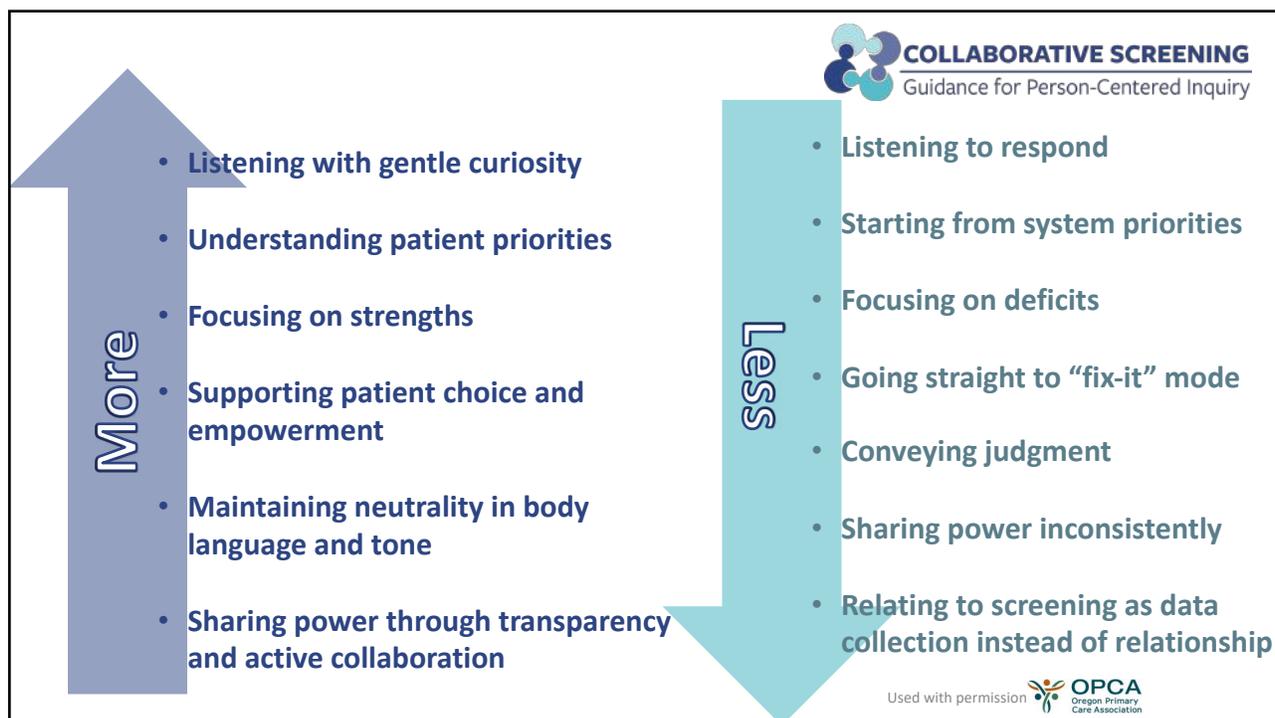
- » We are good at masking our emotions in our facial expressions
- » We are bad at cognitive multi-tasking
- » We naturally use non-verbal cues to listen for meaning, including “pitch, cadence, speed and volume”
- » Meaning is conveyed not just through *what* people say, but *how* they say it

<https://www.apa.org/pubs/journals/releases/amp-amp0000147.pdf>

## Recommendations for Remote Outreach and Engagement



- Project a **feeling of presence** via phone call by taking a pause before you dial to bring yourself into listening mode
- Create a **good script** and really use it. Over time, it will become second nature and you will have built strong patient-centered communication habits.
- You can both hear and convey smiling, solemnity, etc. by **using your face as you normally would** in conversation.
- Use **non-verbal vocalizations and silence or pauses**, such as a deep breath, to convey listening and connection.
- Remember that even if you cannot offer patients all the resources that they need, you can always offer support, respect and kindness. **Be authentic and that will come through.**



## Let's practice!

© Sarah Andersen

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Guidance for Person-Centered Inquiry

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## Role Play Instructions

**COLLABORATIVE SCREENING**  
Guidance for Person-Centered Inquiry

### Roles

- **Facilitator:** This role does not rotate. This person serves as the leader for the group and helps to keep the overall process moving along.
- **Practitioner:** This role rotates. Each person takes a turn practicing their Collaborative Screening skills, using the Conversation Guide.
- **Patient:** This role rotates. Each person takes a turn serving as patient so that others may try the other parts.
- **Observer + Timekeeper:** This role rotates. The person in this role uses the Collaborative Screening Observation and Feedback tool to keep track of the Practitioner's communication behaviors.

### Materials

- Collaborative Screening Conversation Guide
- Patient Case Scenarios
- Observation and Feedback Tool

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## Role Play Instructions

### Overall Process

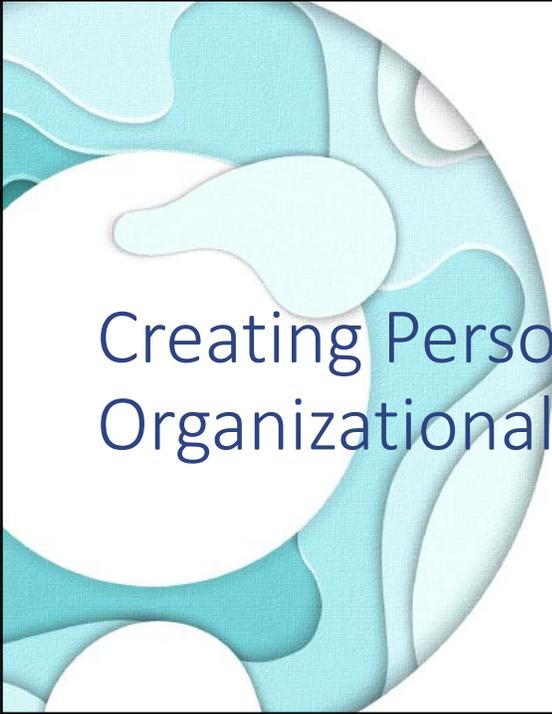
- Determine who will serve as the facilitator. This person will also take turns in the other roles.
- Identify who will start the role play as Patient, Practitioner and Observer.
- For each role play, determine whether the conversation will be conducted in an interview format or as a follow-up conversation, depending on the workflow likely to be used in your setting.
- Choose a patient scenario to use or create a new one.
- In order to create a smooth practice experience, avoid selecting the most complex scenario that you can think of. Even if you are using one of the standard scenarios, select only a few domains to discuss with the patient.

### Role-Specific

- Practitioner: Using the Conversation Guide, practice the four processes of Collaborative Screening →
  - Engaging
  - Listening
  - Supporting
  - Summarizing and action planning
- Patient: Try to play a “typical” patient, rather than an outlier. In other words, don’t play the patient as the most hostile or fragile person to walk through the doors in the last two weeks.
- Observer: Use the Observation and Feedback tool to listen carefully to the conversation, while also keeping an eye on the time. Each role play should last for no more than about 10 minutes.

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## Creating Person-Centered Organizational Systems

## A Vision for Change

“To me, it’s essential that you start where people are. But if you’re going to start where they are, but then don’t change, then there’s no point in starting because you’re not going anywhere.

So while I insist on starting where people are, that’s the only place they could start. *I* could start somewhere else. I can start where I am, but they’ve got to start where *they* are.”

-Myles Horton

*We Make the Road by Walking*

## Radio Play Roles

Roles			
Host**		Natalia*	
Reporter**		Anna*	
Adam Lee**		Susan Nichols*	
Ellen*		Roger*	
Teresa Chavez***		Luis Hidalgo*	
Manuel Rivera***		John*	
Emily Anderson***		Thank you, volunteers!	

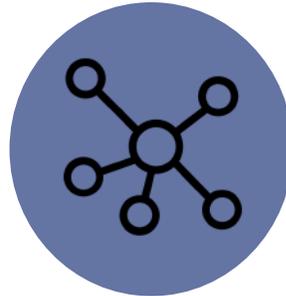
# Radio Play Debrief



Lightbulb Moments



Questions



Connections



Key Takeaways

### Social Health Questionnaire

**KAISER PERMANENTE**

For patients under 18: This form should be completed by a parent or guardian.

We ask everyone these questions every 6 months so we can learn about your social health needs, like having enough food and reliable transportation. Social health is important to your overall health and wellness, and we want to help you if we can. Your care team includes a Community Resource Specialist who focuses on social health – just like a heart specialist focuses on heart health.

If you have social health needs, your Community Resource Specialist can talk with you and try to help connect you to resources for things like food, housing, childcare, jobs, and transportation.

Your answers are confidential. But please note that if you are completing this form at a visit with a minor who is 13 or older, they will be able to see your answers in their medical record.

1. Would you like a Community Resource Specialist to assist you in getting help with any of the following? Please select <b>ALL</b> that apply.	<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Utilities <input type="checkbox"/> Finances <input type="checkbox"/> Transportation <input type="checkbox"/> Social connection	<input type="checkbox"/> Employment <input type="checkbox"/> Internet access <input type="checkbox"/> Child-care <input type="checkbox"/> Dressing, bathing, or cooking <input type="checkbox"/> Paying for medical care/medicine/supplies	<input type="checkbox"/> Dental/Vision <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/> I don't want help with any of these
2. How hard is it for you to pay for the very basics, like food, housing, medical care, and heating?	<input type="checkbox"/> Very hard <input type="checkbox"/> Hard <input type="checkbox"/> Somewhat hard	<input type="checkbox"/> Not very hard <input type="checkbox"/> Not hard at all <input type="checkbox"/> Prefer not to say	
3. Within the past 12 months you worried that your food would run out before you got money to buy more:	<input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true	<input type="checkbox"/> Never true <input type="checkbox"/> Prefer not to say	
4. Within the past 12 months, the food you bought just did not last and you didn't have money to get more:	<input type="checkbox"/> Often true <input type="checkbox"/> Sometimes true	<input type="checkbox"/> Never true <input type="checkbox"/> Prefer not to say	
5. Has the lack of transportation kept you from medical appointments or from getting medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
6. Has the lack of transportation kept you from meetings, work, or from getting things needed for daily living?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
7. In the past 12 months, was there a time when you were not able to pay the mortgage or rent on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
8. In the past 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say	
9. In the past 12 months, how many places have you lived?	<input type="checkbox"/> 3 or more <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 0	<input type="checkbox"/> Prefer not to say

Thank you! Please give this form to your Medical Assistant.

### Patient Support Survey

**OHSU**

There are many things that may affect your health. The more we know about you, the better care we can provide.

We cannot help with every need, but we can connect you with someone that can help.

How can we contact you?

I would like to talk to someone about this today  
 Phone \_\_\_\_\_ (  Call or  Text )  MyChart  
 Do not contact me about this form

What concerns do you have?

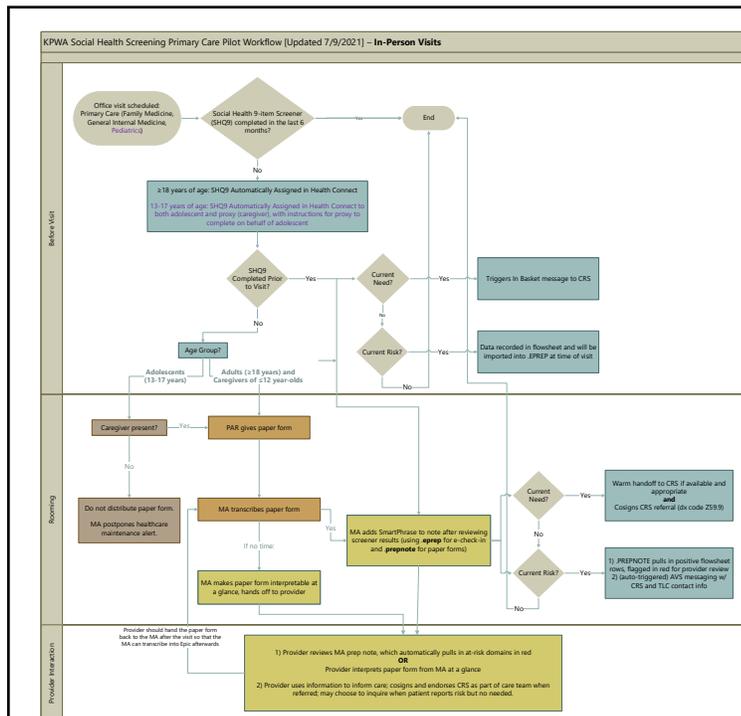
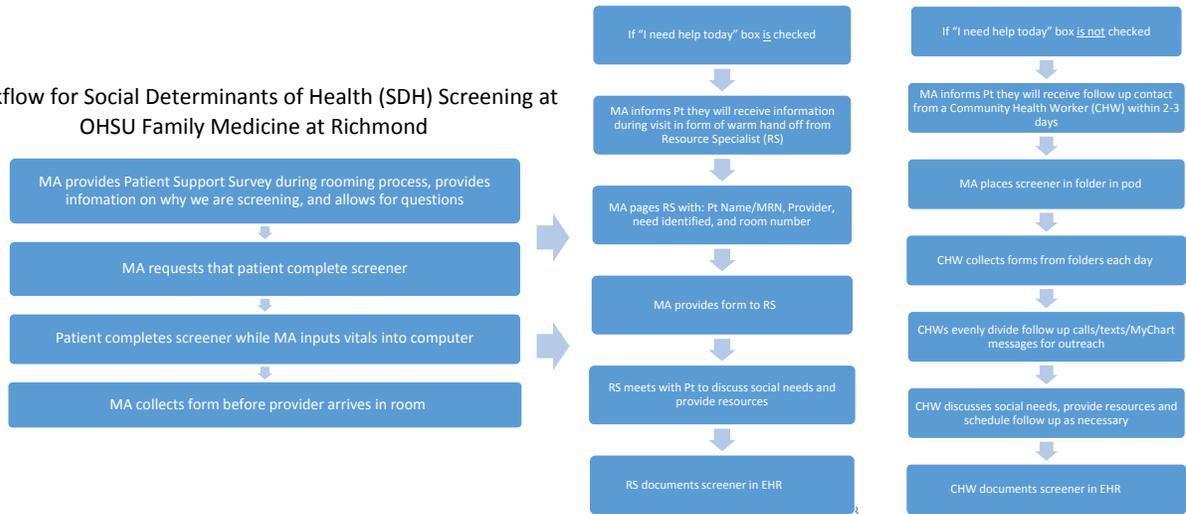
<input type="checkbox"/> Utilities	<input type="checkbox"/> Mental health
<input type="checkbox"/> Food	<input type="checkbox"/> Vision (eye) care
<input type="checkbox"/> Housing needs	<input type="checkbox"/> Dental (tooth) care
<input type="checkbox"/> Transportation	<input type="checkbox"/> Hearing
<input type="checkbox"/> Language	<input type="checkbox"/> Drugs and alcohol
<input type="checkbox"/> Clothing	<input type="checkbox"/> Health insurance
<input type="checkbox"/> Medicine	<input type="checkbox"/> Employment / disability
<input type="checkbox"/> Education	<input type="checkbox"/> Legal
<input type="checkbox"/> Kids and babies	<input type="checkbox"/> Physical activity
<input type="checkbox"/> Social connection	<input type="checkbox"/> Money
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Relationship safety

I prefer not to do this survey today.  I have no concerns today.

**SCREENING**  
Centered Inquiry  
**OPCA**  
Oregon Primary  
Care Association

# Sample Workflows

## Workflow for Social Determinants of Health (SDH) Screening at OHSU Family Medicine at Richmond



## Creating a Welcoming Environment



I want to encourage folks to sit in their own “hot seats” and respond with their own feelings of what they would like to see and experience.

From when we meet in the lobby, and I introduce myself and ask how they feel about shaking hands and then the walk to my cubie, then my invitation to have a seat and make themselves comfortable – my every physical movement and my tone of voice is purposely calculated to mitigate the difference in power that is inherent to this very vulnerable process for them.



- Maureen “Mo” Patton, Career Coach, WorkSource Oregon Rogue Valley

## Team Report-Out



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