Collaborative Screening: Guidance For Person-Centered Inquiry

Virtual Learning Event

Session 2: Wednesday, June 23, 2021, 9am -12pm

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COLLABORATIVE SCREENING

Guidance for Person-Centered Inquiry

Collaborative Screening

Washington Association for Community Health

June 21 • 23 • 25

2021

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Guidance for Person-Centered Inquiry

Learning Objectives

- Develop a connection between person-centered care and your organizational mission
- Develop a connection between person-centered care and your personal strengths
- Learn and practice reflective listening to convey empathy and non-judgmental listening
- Practice Collaborative Screening and Referral

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Dr. William Lynn Weaver

https://americansurgical.org/transactions/Fellows/Memoirs/WilliamLWeaver.cgi

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Spirit of Patient-Centered Care

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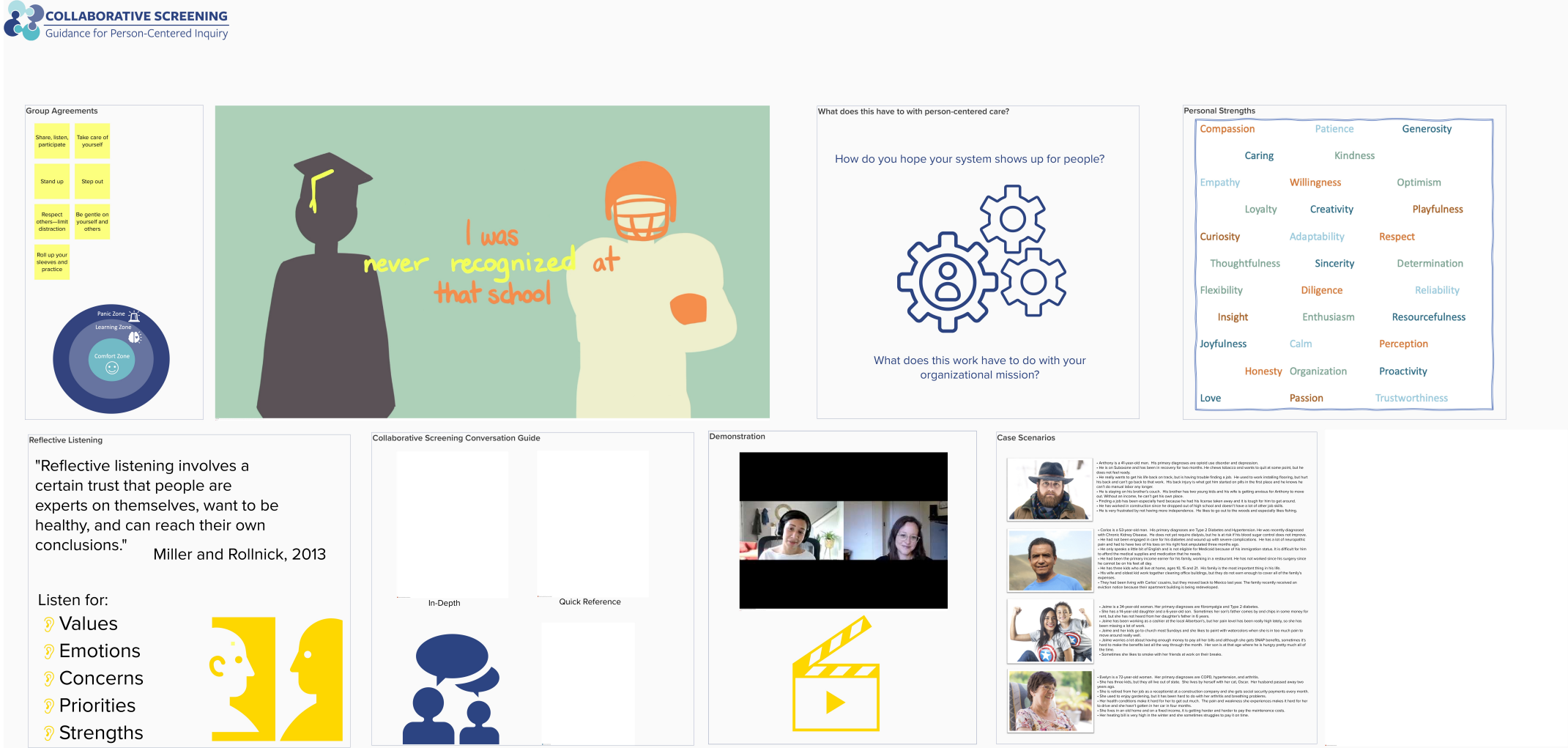

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Establishing Empathy

UNDERSTAND the patient → Asking QUESTIONS and LISTENING

SHOW that we understand (aka EMPATHY) → Responding with REFLECTIONS

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What makes for good reflective listening?

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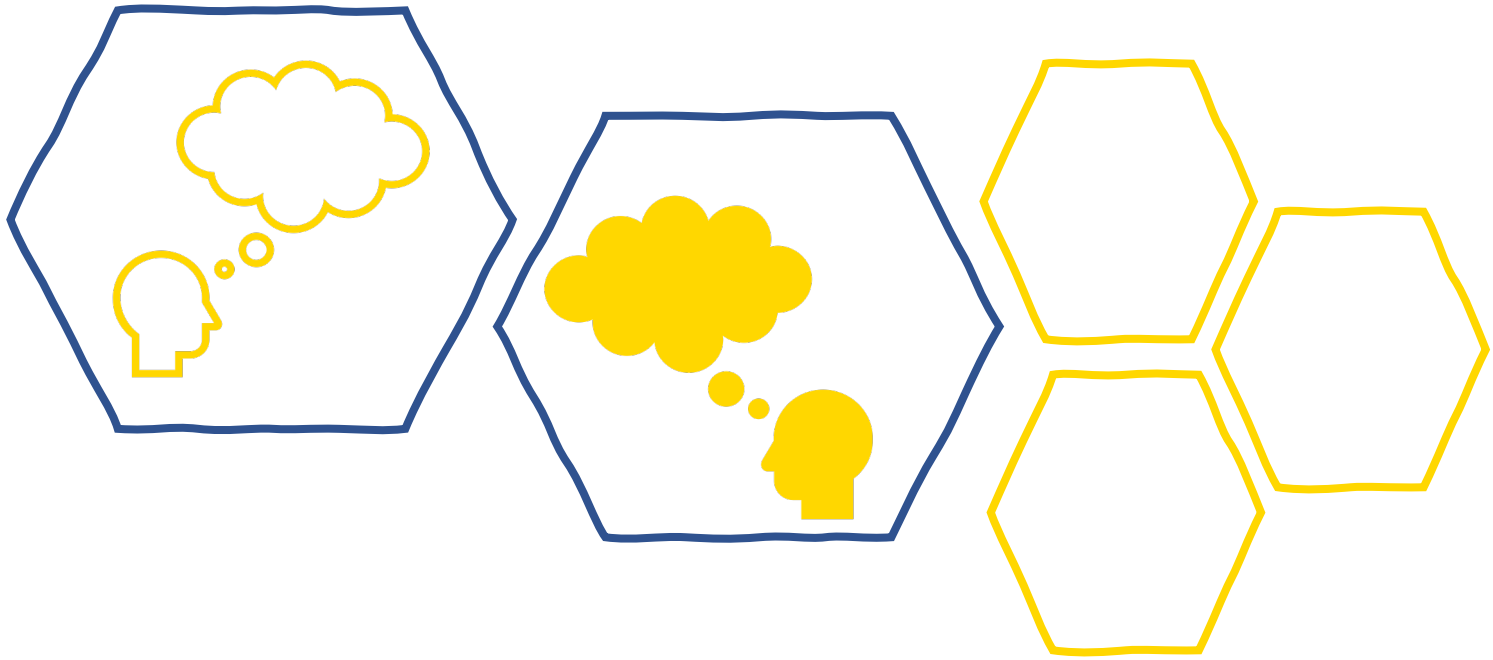

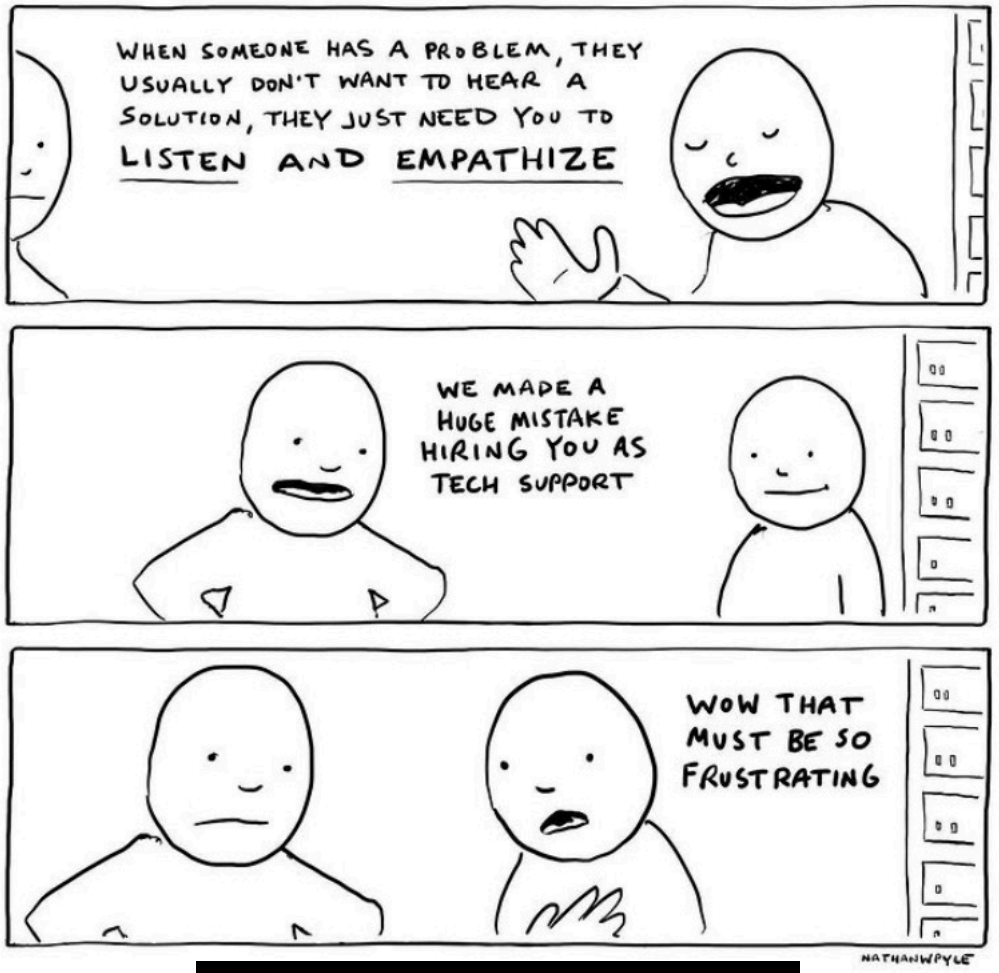

nathanwpylestrangeplanet

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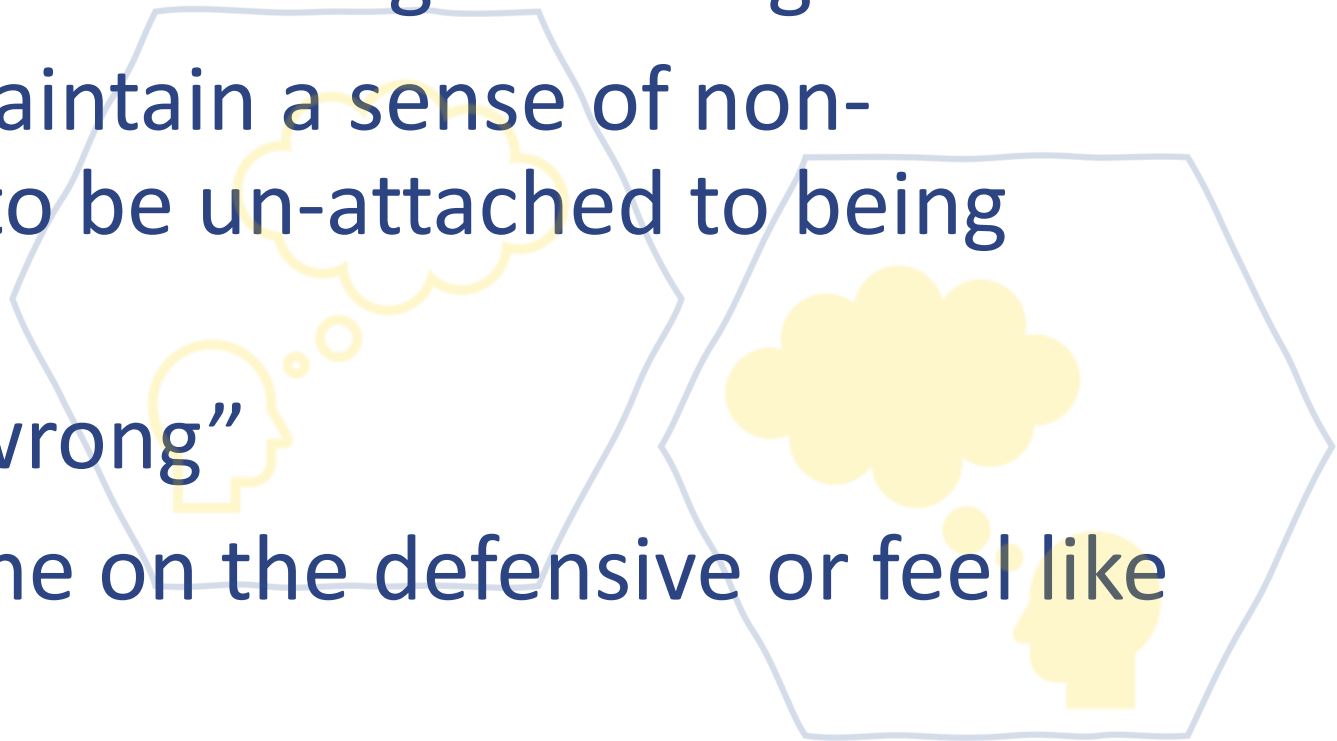
Reflections

- Tests a hypothesis about what the speaker means
- Facilitates connection and the feeling of “being heard”
- Requires the listener to maintain a sense of non-judgmental curiosity and to be un-attached to being “right”
- Is powerful, even when “wrong”
- Is less likely to put someone on the defensive or feel like an interrogation



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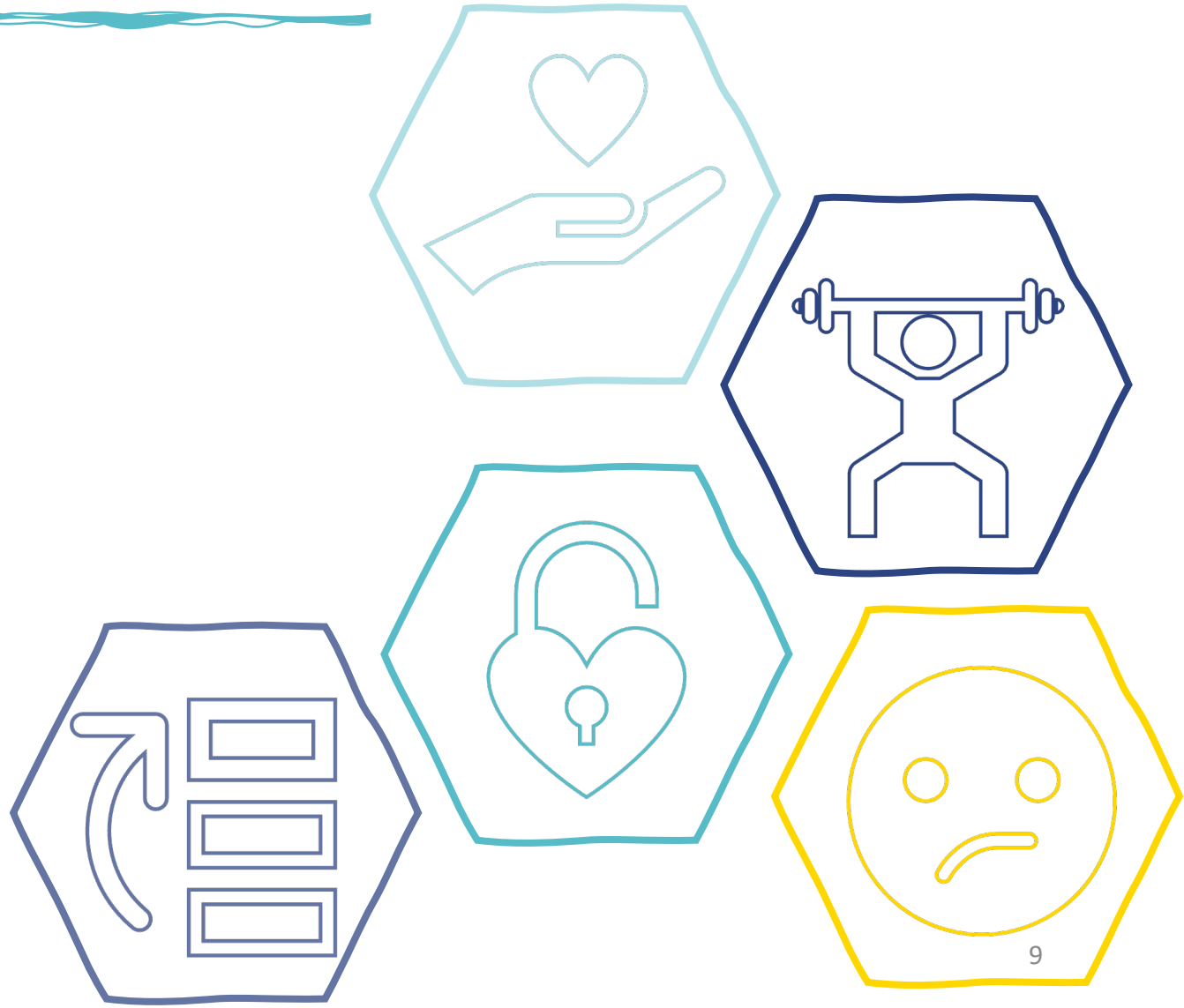
Listen for…

- Values
- Strengths
- Emotions
- Priorities
- Concerns



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https://www.humansofnewyork.com/

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“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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“My parents were refugees from Vietnam. And shortly after I was born, my mother got hired as a housekeeper. But she couldn’t bear to leave me with a babysitter. So after only three days, she tried to quit. That’s when her employers insisted that she bring me to work instead.
Their names were Charles and Kathleen Timblin, and for the next seven years I would grow up in their home. They were an elderly couple. Neither of them had kids. And I was an only child, so they became my playmates…”

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“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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"Carl was there since the beginning. His name was on my birth certificate, even though he wasn't my biological father. He'd also been a drug addict. But he quit when I was born, and my mother kept going. She tried her best, but she was in so deep…

Every other weekend he'd come pick us up. He promised that as soon as he could afford a place to live, he was going to come get us. And that's exactly what he did. We moved into a two bedroom house. And for the first time in our lives we had stability."

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Let's practice!

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Role Play Instructions

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
- Sample screening form or results

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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. Keep a copy of your screening form on-hand, as needed.
- 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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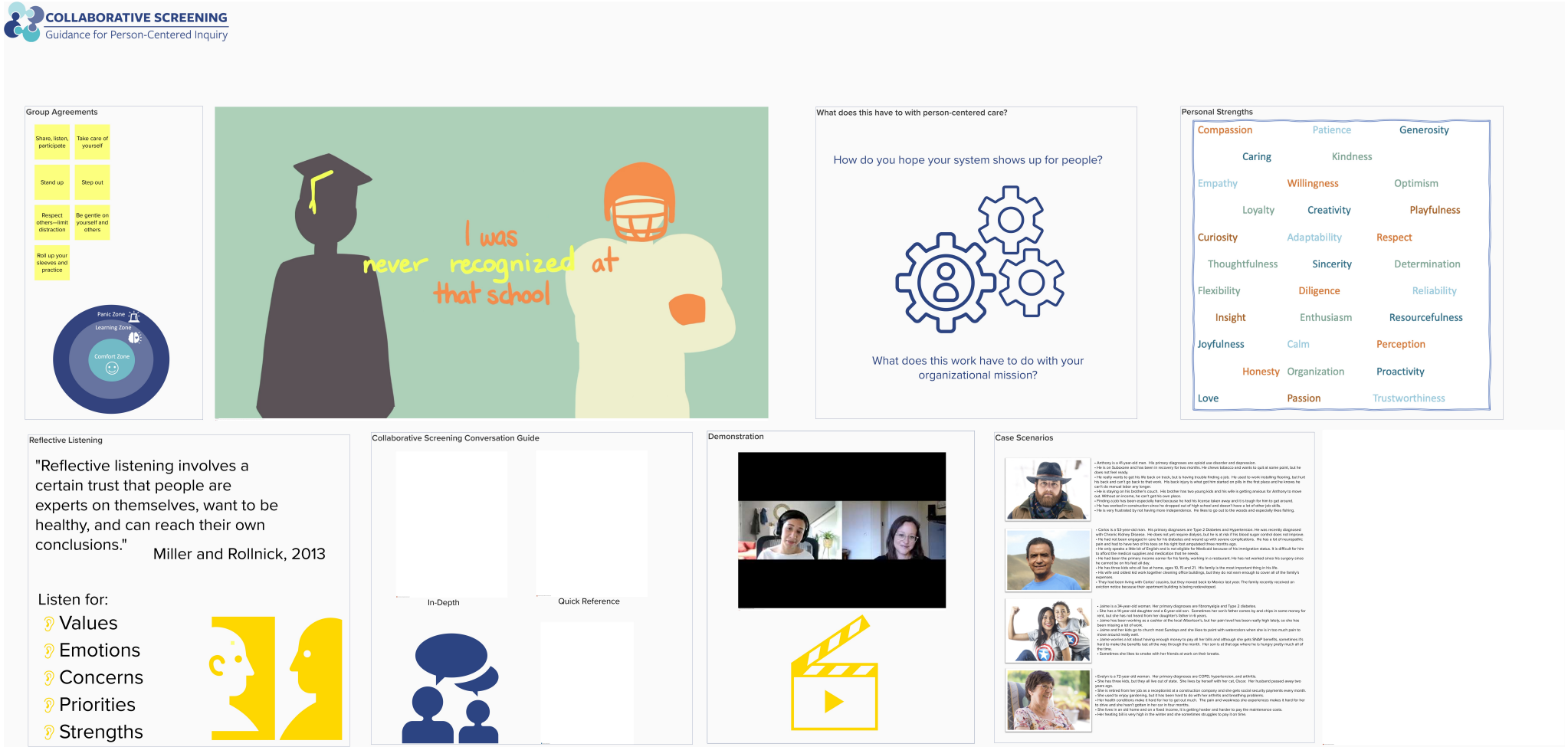
Collaborative Screening Role Play



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REMINDER

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JOIN US FOR SESSION 3

Session 3 - Fri., June 25 9am-12pm:
Re-Centering Empathy, Creating Patient-Centered Workflows and Systems, Team Workflow Planning and Improvement