Session packet: professionalism in the MA role

This packet contains:

* A guide for the session leader that covers the topics to be discussed during the session
* Flashcards on professionalism to use as a pre-session learning tool
* A survey to identify challenging patient situations to be discussed by the group
* A sign in sheet for the session

*All materials in this packet can be adapted to fit your professional development program goals, your practice’s procedures and the role(s) of your MAs within the care team.*

Session leader guide

*Share the pre-session learning flashcards and survey with MA attendees at least several days before the session so they can come prepared.*

Tips for making this a successful session:

* Begin as close to the start time as possible, even if others are still joining the group
* Moderate teaching time so that you have at least 15 minutes to cover the topic “De-escalating the situation with difficult or argumentative patients”
* Review results from the survey and draw conclusions before the session so you are prepared to share the most common responses during the session. Choose one response to walk through with the group.

The following discussion guide can be used during the session.

*Red font denotes group activities that all attendees should participate in.*

1. **Review the importance of the MA role in team care**

Cover the following in your review:

* 1. Patients spend the greatest percent of their time in the office interacting with the MA.
	2. MAs fill an “ambassador” role, demonstrating excellent customer service for office visit experience
	(e.g., Star-Studded Service).
	3. MAs with a helpful, resourceful attitude have the opportunity to increase patient engagement in self-care.
	4. MAs should be knowledgeable about their organization’s website and any non-profits that support their patient population.
1. **Train on Star-Studded Service and the C.L.E.A.R service model**
	1. Introduce the concept of Star-Studded Service: “The first impression is the last impression.” *Ask the MAs, “What does this mean to you?” Write answers on a whiteboard or easel if available.*
	2. Discuss the C.L.E.A.R service module and why it is important for patients’ experience in the practice. *Have MAs take turns reading these descriptions and discuss how they are currently following the model.*

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| *Connect* | *Listen* | *Explain* | *Ask* | *Reconnect* |
| * Acknowledge immediately
* Use eye contact and smile
* Introduce yourself and explain what your job is
* Use the patient’s name
* Keep your voice warm and friendly
 | * Maintain eye contact
* Use head nods to show you are paying attention
* Let the patient finish talking
* Repeat information for accuracy
* Make an empathy statement
 | * Keep waiting patients apprised of status
* Say what’s going to happen
* Use layperson’s language
 | * Check for understanding
* Be helpful when you can
* Make sure patient needs are met
 | * Check on roomed patients every 10 to 15 minutes
* End the visit with a friendly parting comment
* Help patients find their next location
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1. **Apply the C.L.E.A.R. model to your practice’s rooming procedure**

Below is an example of a typical patient interaction that follows the C.L.E.A.R. model.

*You may want to consider modifying this dialogue to match your practice’s rooming procedures and the responsibilities of your team members. Add in any pertinent details that the MA should cover with the patient to make the visit efficient and effective, include information on specific tools or technology that your practice uses and refer back to any other training the MAs have received on rooming.*

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| Sample rooming process that follows the C.L.E.A.R. modelProvided by Vanguard Health System in Verona, NJ |
| **Step in the rooming process** | **Action MA should take** |
| Patient is brought to the exam room from the waiting area | Introduce yourself. “Good Morning. I’m Judy Jetson, a medical assistant here at the practice. Before we go into the room, I need to get your height and weight.”If the patient questions or refuses to give their height/weight: “I do understand; our office policy is to obtain these measurements on each visit and height and weight annually.” Accept the patient’s refusal stating, “Okay - I’ll let your provider know,” and move on with the process. Add this to the chart alert. |
| In the exam room | Explain what will happen next.“I’m going to review the information in your chart and then get your vital signs. Do you have the pre-appointment questionnaire filled out?”1. Document patient issues and add code for Patient Health Questionnaire 2 (PHQ2); also indicate if a PHQ9 is needed.
2. Use the point-of-care registry report to review preventive screenings (e.g., results of a recent fall survey, mammogram and pap, comprehensive risk counseling services) and add the date for any tests obtained outside of the practice.
3. If missing, offer a referral for a mammogram or colonoscopy to patients who already have a GI doc. If they do not have a GI doc, let the provider choose a specialist and the MA at desk will arrange it.
 |
| Review medications  |
| Obtain vital signs *Ask the MAs to explain why they think it is better to take vitals after doing the documentation and registry review.* |
| Complete any other procedures needed before the patient sees the provider. |
| On exiting the exam room | Thank the patient and say, “Provider X will be in to see you shortly.” |

1. **Patient satisfaction – why it’s important to resolve sticky situations**
	1. Explain to the MAs that their patients are their customers and other practices are competitors. Discuss why patient satisfaction is important for the practice as a business.
	2. Some numbers to share:
* Between 50 and 90 percent of “silent critics” will probably take their future business to a competitor.
* Dissatisfied customers typically tell between 8 and 16 other people when they have had an unsatisfactory experience with a company.
* It costs two to 20 times as much to win a new customer as to retain an existing one who has a complaint.
	1. Describe that researchers who study consumer attitudes have developed an important theory about customer loyalty. If you can persuade customers that (1) you care as much about their problem as they do and (2) that you’re determined to make things right for them, they will become more loyal to you than if the problem had never occurred!
1. **De-escalating the situation with difficult or argumentative patients**
	1. What is the best way to handle an argumentative patient on the phone?

*Ask for sample answers from MAs, then cover the process below.*

* Use Star-Studded Service: listen carefully and repeat the issue so you are clear about what the patient needs.
* Take notes, including patient name, date of birth or other information.
* Say: “I understand you’re upset. I would like to get more information to help you. Would you mind if I place you on hold for a moment?” If you need to ask someone else to help the patient with their question, the patient knows you were listening.
* Return to the call with the answer or let the patient know that someone else will be helping them. Give them the name of practice manager, clinical manager or other staff member who will assist them, then ask if it is OK if you put them back on hold.
* Document the call in a log note.
	1. What is the best way to handle an argumentative patient in person?

*Ask for sample answers from MAs, then cover the process below.*

* + Be aware that your conversation is being witnessed by every other person within sight or earshot, including other patients.
	+ Use Star-Studded Service: listen carefully and repeat the patient’s question(s). Then respectfully say, “I understand you’re upset. I would like to get someone who can help you. Please wait a moment.”
	+ When possible, move the patient to a more private area where the issue can be resolved.
	+ Be aware when situation is escalating and try to get help earlier rather than later.
	1. Share a summary of responses from the pre-session TASKMAN survey.

*Use one specific example of a difficult situation from the survey and use the strategies above to come to a resolution as a group.*

**References**

Sullivan KW. *Star-Studded Service: 6 steps to winning patient satisfaction*. SullivanLuallin Group and Medical Group Management Association; 2013.

Adapted with permission from Vanguard Medical Group medical assistant professional development training materials.

*Source: AMA. Practice transformation series: medical assistant professional development. 2016.*

Difficult Patient Situations Survey

In the upcoming MA professional development session, we’re going to discuss difficult patient situations and need your feedback.

Please answer the questions below and send back by [*insert a deadline*].

1. Have you worked with patients who are resistant to certain aspects of their visit (e.g., providing an insurance card, answering questions during rooming, etc.)?
2. Briefly describe an example of a difficult patient situation you have experienced and how it was resolved:
3. In the situation you described above:
	1. Was the patient satisfied with the outcome? Why or why not?
	2. Were you satisfied with the outcome? Why or why not?
	3. If not, what might you have done differently?

*Source: AMA. Practice transformation series: medical assistant professional development. 2016.*

Pre-session learning flashcards

*Share these flashcards with session attendees several days before the session so they can come prepared. Some of the flashcards contain highlighted areas where you can insert details specific to your practice, such as locations and the practice website URL. Two blank pages are provided if you’d like to create your own flashcards that are specific to your team or curriculum.*

*Instruct the session attendees to print the page of cards, cut along the dotted horizontal lines, and then fold vertically on the solid lines to create the flashcards that can be used to quiz themselves prior to the professional development session.*

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| *NAME THE [INSERT PRACTICE NAME] WEBSITE* | [insert practice website if applicable] |
| ***LIST WAYS TO DEMONSTRATE PROFESSIONALISM IN THE MA ROLE*** | 1. Arrive on time for your shift
2. Wear a nametag
3. Introduce yourself as you room the patient
4. Be mindful of conversations in the common areas where patients may hear you
5. Complete the point-of-care form
6. Identify opportunities to use Action Plans or incorporate patient health information
7. Accurately complete the medication review
8. Treat patients with courtesy and respect
9. Treat coworkers with courtesy and respect
10. Be attentive to detail and document accurately
 |
| ***NAME THE LOCATIONS OF THE PRACTICE***  | *[insert list of locations if applicable]* |
| ***IN WHAT SITUATION IS IT OK TO HANG UP ON A PATIENT?*** | In no situation is it appropriate to hang up on a patient. Place the patient on hold and get help from the MA supervisor, care coordinator or practice manager. |
| ***WHAT IS THE BEST WAY TO DEAL WITH A DIFFICULT OR ARGUMENTATIVE PATIENT?*** | Validate the patient’s feelings: "I understand you're very upset." Try to move towards problem solving by saying, "What can I do to resolve this issue?" When needed, politely place the patient on hold and seek help from the MA supervisor, care coordinator, or practice manager. |
| ***WHEN DEALING WITH A NON-COMPLIANT PATIENT, WHICH IS THE BEST STATEMENT TO USE?******“YOU SHOULD BECAUSE…”******“YOU MIGHT CONSIDER…”*** | Using the statement "You might consider..." gives the patient a feeling of control rather than being told what to do without any choice. |
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*Source: AMA. Practice transformation series: medical assistant professional development. 2016.*

Medical Assistant Professional Development Sign In Sheet

Topic: Professionalism in the MA Role

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*Source: AMA. Practice transformation series: medical assistant professional development. 2016.*