Trainer Resource Guide

4. Preventive Health Care and Advocacy

Trainer Guide: SESSION 4

Note to trainer: This session is designed to run approximately 1.5-2 hours to allow additional time to complete the medication administration skill check.

Materials

- LCD projector and computer with PowerPoint software
- DSP Training DVD, Year 2
- Scenarios (found on page S-23) written on 4X6 index cards,
- Timer
- Chart paper
- Colored markers

Show Slide #1: Preventive Health Care and Advocacy

Review Practice and Share, Session 3

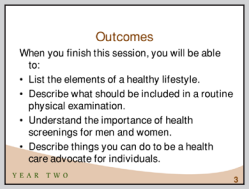
Show Slide #2: Practice and Share, and review the assignment.

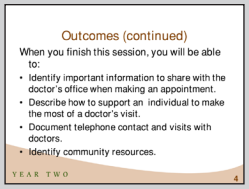
- Ask for volunteers to share what they learned.
- In the last session you learned about assisting individuals as they take medication.
- In this session, you will learn about helping individuals to stay as healthy as possible with the assistance of doctors and other health care professionals.

OUTCOMES

Show Slides #3 and #4: Outcomes

- Review outcomes for the session.

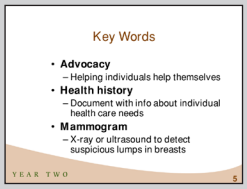


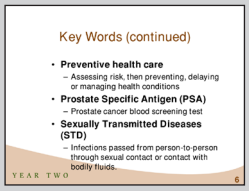


KEY WORDS

Show Slides #5 and #6: Key Words

- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the space provided.





Student Resource Guide: SESSION 4

Preventive Health Care and Advocacy

OUTCOMES

When you finish this session, you will be able to:

- List the elements of a healthy lifestyle.
- Describe what should be included in a routine physical examination.
- Understand the importance of health screenings for men and women.
- Identify important information to share with the doctor's office when making a medical appointment.
- Identify best practices for supporting an individual in preparing for a medical appointment.
- Describe how to support an individual to make the most of a doctor's visit.
- Document telephone contact and visits with doctors or other health care providers.
- Identify community health care and safety resources.

KEY WORDS

Key Word	Meaning	In My Own Words
Advocacy	Helping individuals help themselves.	
Health History	A document that has both medical history and current information about an individual's health care needs.	
Mammogram	An X-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts.	
Preventive Health Care	Assessing risk for health conditions, and then preventing, delaying, or managing those conditions starting at a young age.	
Prostate Specific Antigen (PSA)	A prostate cancer blood-screening test.	
Sexually Transmitted Disease (STD)	Infections passed from person to person through sexual intercourse, genital contact, or contact with fluids such as semen, vaginal fluids, or blood.	

ACTIVITY

What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

ACTIVITY

What Do You Want to Know?

Directions: Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.

What do you **already know** about preventive health care and advocacy?

What do you **want to know** about preventive health care and advocacy?

To be answered at the end of the session, during review:
What **have you learned** about preventive health care and advocacy?

Trainer Guide: SESSION 4

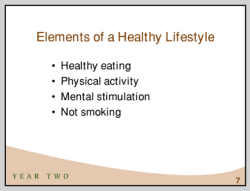
Elements of a Healthy Lifestyle

- The following slide and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: List the elements of a healthy lifestyle.
- Ask students what they think is a healthy lifestyle.
- Record their responses on a chart or chalkboard as they answer.

Show Slide #7: Elements of a Healthy Lifestyle

- See how many of the items listed on the slide were brought up by the students.
- Review and discuss each element of a healthy lifestyle.



Elements of a Healthy Lifestyle

As a DSP, part of your job is to help individuals have the best possible health. Healthy people live longer, have an improved quality of life, and experience less injury and illness. In Year 1 of the training, you learned about healthy habits. Those healthy habits are all part of a healthy lifestyle.

What do we mean when we say "healthy lifestyle?" According to the United States Department of Health and Human Services, a healthy lifestyle includes the following things.

Healthy Eating

Obesity and being overweight have become national epidemics. Making healthy eating choices could be a family or individual priority. One way to eat healthy is to remember "five a day." That means, eat at least five servings of fruits and vegetables each day. Choose foods high in fiber and low in fat. When eating out, choose "Heart Healthy" or "Light" items from the menu. In the next session we will learn more about healthy eating.

Physical Activity

Everybody's health can be improved with a mild to moderate increase in activity. Fitness goals should focus on cardiovascular endurance, strength, and flexibility. Talk to a doctor before starting an exercise program. In the next session you will learn more about physical activity and hear some ideas to help individuals become more active.

Mental Stimulation

What does mental stimulation have to do with a healthy lifestyle? Our mental state can affect physical health. Keep learning new things. Go places you never have been before. Meet new friends. Play games. Read or watch the news and other educational programs.

Not Smoking

If you don't smoke, don't start. If you do, consider quitting or, at least, smoking less. A variety of new aids are available for smokers who are trying to quit. Consult with your doctor. If you do smoke, be respectful of others.

Trainer Guide: SESSION 4

Show Slide #8: Elements of a Healthy Lifestyle, continued

- Review remaining elements of a healthy lifestyle.

Active Social Engagement

Social engagement can improve quality of life. Staying home alone and sitting around contributes to other health problems such as overeating, isolation, or depression. Contribute to your community. Get out and enjoy life.

Maintain a Safe Environment

A safe environment can contribute to a healthy lifestyle in many ways. For example, a fall in the home can lead to lifelong health problems. Check your home frequently for dangers such as tripping hazards, exposed wiring, or burned out light bulbs. Use a smoke detector and change the batteries. As you learned in Year 1 of the training, prevention is the number one priority.

Social Support

We all need help at times. Having a supportive group of friends, family, and professionals helps our mental and physical health. Teachers, social workers, and regional center case managers can provide social support. They have access to resources that help people maintain their independence such as transportation, social services, respite and child-care, and other social supports.

Regular Health Care

Routine health care starting in infancy and continuing throughout life is critical for maintaining a healthy lifestyle. This includes dental care and hearing and vision screenings. If the cost is a problem or if you don't know where to go to find resources, talk to your regional center service coordinator. We will discuss resources later in this session.

In this session we will focus on learning about regular preventive health care and how to advocate for individuals.

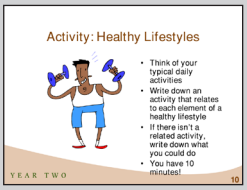
Show Slide #9: Small changes can lead to a healthier lifestyle.

- Ask students which meal looks healthier.

Activity: Healthy Lifestyles

Show Slide #10: Activity: Healthy Lifestyles

- Review activity to ensure understanding.
- Give students 10 minutes to complete the activity.
- After they write down the activities they are involved in, ask them to list things they could do differently to improve their health.
- Ask for volunteers to share their responses with the class.



ACTIVITY

Healthy Lifestyles

Directions: Think of your own activities during a typical day. Fill in an activity that relates to each element of a healthy lifestyle in the first column. If you don't have an activity for the category, write down what you could do in the second column.

Elements of a Healthy Lifestyle	***Activity***	***What could you do differently?***
Healthy Eating	*Example: I only take second helpings of vegetables at mealtimes.*	
Physical Activity		
Mental Stimulation		
Not Smoking		
Active Social Engagement		
Maintaining a Safe Environment		
Social Support		
Regular Health Care		

Trainer Guide: SESSION 4

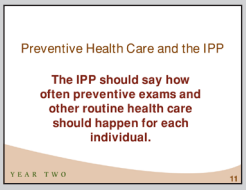
Preventive Health Care

- **Preventive health care** is assessing risk for health conditions, and then preventing, delaying, or managing those conditions starting at a young age.
- Provide example or ask for student examples of preventive health care.

Preventive Health Care and the IPP

- Review and discuss section.

Show Slide #11: Preventive Health Care and the IPP



Routine Examinations

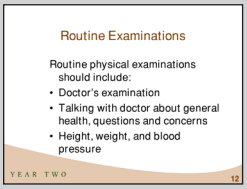
- Review and discuss section.
- The following slides and discussion relate to a session outcome, and may appear on the quiz.

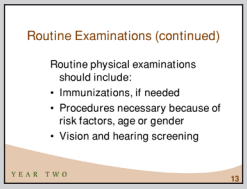
  Outcome: Describe what should be included in a routine physical examination.
- Refer students to Appendix 4-A on S-17 to see what a Physician's Report looks like.

Activity: Think-Pair-Share

Show Slides #12 and #13: Routine Examinations

- Ask the students how many have taken individuals to routine physical exams.
- Ask students to turn to partner and share: Did the doctor do all of these things? If not, what did the doctor do? What would the DSPs do differently now that they know what should be included in routine exams?





Health Screening Guidelines

- Review and discuss section.

Preventive Health Care

Persons with developmental disabilities may be at increased risk for conditions that can relate to the disability. For example, there is a greater risk of pressure sores for individuals who may have limited mobility. This is preventable as are many other risks. It is very important to practice preventive health care. **Preventive health care** means assessing risk for health conditions, and then preventing, delaying, or managing those conditions starting at a young age. Using the earlier example, an individual with limited mobility and their DSP might try to prevent pressure sores by keeping their skin moisturized, repositioning their body frequently, and avoiding skin-to-skin contact.

Preventive Health Care and the IPP

All Community Care Facilities must ensure that each person has access to all needed medical and dental services and that their health care needs are met. Each person's Individualized Program Plan (IPP) should specify how frequently preventive routine physical examinations and other routine health care are to be obtained. The IPP should also include activities that contribute to an overall healthy lifestyle and other types of supports an individual may need to maintain the best possible health. The planning team's decision for what to include in the IPP will be based on the recommendations of the person's doctor, the individual's current health status, family history, age, gender, skills, abilities, and needs. Good care depends upon the coordinated, effective teamwork of all people involved in the individual's health care.

Routine Examinations

A complete physical examination and accompanying lab work provides important information on a person's health status. It also provides useful information against which subsequent test results can be compared. The primary care doctor should complete Physician's Report for Community Care Facilities, found in Appendix 4-A, upon conducting a physical examination.

Routine physical examinations should include:

- An examination by the doctor.
- Talking with the doctor about general health, questions, and concerns.
- Measurement of height and weight and blood pressure.
- Review of immunization status and giving immunizations as needed.
- Procedures called for because of risk factors, age, or gender. This includes lab work as necessary such as tests for blood glucose, cholesterol, hemoglobin, thyroid, and serum blood levels as indicated by the medications the individual is taking.
- Vision and hearing screening, which is very important in older persons.

Health Screening Guidelines

Beyond childhood and as we get older, the frequency of various types of screenings should increase for both men and women. In general, individuals that you support may need annual, routine exams because of regulations such as Title 22 or Medicaid. In addition, health care is moving toward age, gender, and risk schedules based upon risk factors unique to each individual; for example, family history of a specific disease. It's important to find out from the individual's primary care doctor what is recommended for routine or special physical examinations.

The following health screening guidelines are based on the *Report of the U. S. Preventive Services Task Force*, which is updated regularly.

Trainer Guide: SESSION 4

Health Screening Guidelines (continued)

Show Slide #14: Schedule for Check-ups

- The following slide and discussion relate to a session outcome, and may appear on the quiz.

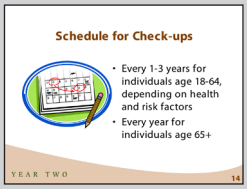
  Outcome: Understand the importance of health screenings for men and women.

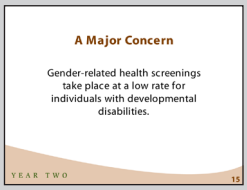
Show Slide #15: A Major Concern

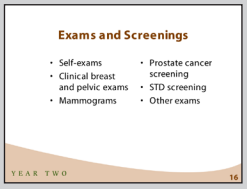
- Ask students: What do you think is meant by "gender-related screenings." What could happen if these screenings are not done?

Show Slide #16: Exams and Screenings

- A **mammogram** is an x-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts.
- A **Prostate Specific Antigen (PSA)** is a prostate cancer blood-screening test.







Health Screening Guidelines

Generally speaking, if an individual is 18 to 64 years old, health check-ups should be done every one to three years, depending on health and risk factors. For those who are 65 years of age or older, the individual should have a check-up every year.

A major concern is the low rate at which gender-related health screening takes place for men and women with developmental disabilities. Findings from a recent review of health records (for women receiving regional center services in one California county during a one-year period) indicate that only 22% of women 40 years of age or older had a mammogram and only 4% of the women 18 years of age or older had a pap smear. In effect, this means that older women were getting mammograms about every five years (recommended every one to two years after menopause), and pelvic examinations about every 20 years (recommended every one to three years for all women). Clearly, these rates are unacceptable. Among women without disabilities, 80% have a pap smear every two years. It is important for you to be aware of age- and gender-related screening guidelines to assist in the identification of individual needs.

Self-Exams

Health screening starts with self-examination. If the individual is able (with or without prompting), he or she should complete regular (or at least monthly) breast and testicular self-exams. When conducting a self-examination, one is looking for change in tissue density (lumps), contours, and the like. Self-examination of a woman's genital area can also be helpful to check sores, warts, or red swollen areas. A doctor, nurse, or health educator can help individuals in your care learn self-examinations procedures.

Clinical Breast and Pelvic Exams

Clinical breast examinations (in women) should start at age 20 and be done every one to two years. (If the woman has a mother or sister with breast cancer prior to menopause, an earlier start may be warranted.) These exams are done by physicians, practitioners, or gynecologists. A pelvic examination, which includes a pap smear, should be done every one to three years starting when a woman becomes sexually active or older than 21, whichever occurs earlier. Pap smears detect 90 to 95% of cervical cancers.

Mammograms

A **mammogram** is an X-ray or ultrasound used to detect suspicious lumps, tumors, or cysts in the breasts. Most guidelines call for mammograms every one to two years after age 40, starting earlier if breast cancer is evident within the family.

Breast cancer is the leading cause of cancer deaths among women 40 to 55 years of age. Breast self-examination, clinical breast exams, and mammograms can save lives.

Screening for Prostate Cancer

A prostate cancer blood-screening called a **Prostate Specific Antigen**, or **PSA** test should be performed starting at age 50 and yearly thereafter.

Cancer of the prostate gland is the most common cancer in men and the second leading cause of cancer deaths in men. Most prostate cancer, however, occurs after age 65. The risk is higher than average among African-American men, men who eat a high-fat diet, and men with fathers and brothers who have had prostate cancer.

Screening for Sexually-Transmitted Diseases (STDs)

- **Sexually Transmitted Diseases** are infections passed from one person to another through sexual intercourse, genital contact, or contact with fluids such as semen, vaginal fluids, or blood.
- Signs or symptoms of STDs must be brought to the physician's attention right away.

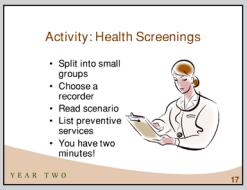
Other Exams

- Review and discuss section.

Activity: Health Screenings

- Make sure the following materials are available: scenarios written on 4x6 index cards, timer, and chart paper.

Show Slide #17: Activity: Health Screenings



- Review directions to ensure understanding.
- When the timer goes off, have the students stop and share their answers.
- Fill in any preventive services not mentioned.

Scenario #1 - Stacy is 25-year old woman. She has never been sexually active. Her mother recently died from breast cancer. Stacy has never had a pelvic or breast exam.

Answer: In addition to a regular general physical, Stacy needs a pelvic exam, including a pap smear and a clinical breast exam every one to three years depending on doctor's recommendations. Consult with doctor about her family history of breast cancer.

Scenario #2 - Philip turned 70-years old last month. His last physical examination was two years ago.

Answer: Regular general physical, screening for prostate cancer and osteoporosis, may need vision and hearing. Needs influenza vaccine and if not received in the past, pneumococcal vaccine. Check status of last tetanus vaccine (needed every 10 years).

Scenario #3 - Latanya is 5-years old and getting ready to start kindergarten.

Answer: May need general physical, depending on doctor's recommendations, and may need immunizations if not received at age 4 (polio, diphtheria, tetanus, pertussis, Chickenpox, and hepatitis A).

Scenario #4 - Charlene is 16-years old and has just told you she has been sexually active with several boys in her high school.

Answer: Clinical pelvic and breast exam, screening for sexually transmitted diseases (STD), STD and HIV counseling

Scenario #5 - Fred is 40-years old. He goes to the doctor for a physical every two years according to his doctor's recommendation and his IPP. He is due for his regular physical next month.

Answer: Cholesterol check if he had one at age 35 (every five years for men after age 35). Assess risk for cardiovascular disease (CVD), check status of tetanus vaccine.

Screening for Sexually-Transmitted Diseases (STDs)

Sexually Transmitted Diseases, or STDs, are infections passed from person to person through sexual intercourse, genital contact, or contact with fluids such as semen, vaginal fluids, or blood. STDs are at epidemic levels in the United States. If a person is sexually active, it is wise to screen for some STDs yearly, especially for chlamydia and gonorrhea.

Symptoms for some STDs, such as chlamydia, are difficult to detect. Other STDs may include symptoms such as painful urination (gonorrhea), jaundice (hepatitis B), and small, red blisters (syphilis). Signs or symptoms must be brought to the doctor's attention right away. In general, STDs can be prevented by not having sex or by using a latex condom every time a person has sex, whether vaginal, anal, or oral.

Hepatitis B and HIV/AIDS can also be spread through exchange of blood (and semen, in the case of HIV) during intimate sexual activities.

Other Exams

Many other tests should be done periodically at or beyond certain ages. These include blood pressure, sigmoidoscopy (to detect colon cancer) or some other colon cancer screen, and cholesterol readings.

Charts for adults and children from the U.S. Department of Health and Human Services are included in Appendix 4-B. These charts identify the recommended frequency for health check-ups, vision and hearing tests, tuberculosis, pelvic/gynecological exams, and many other screening exams, as well as the recommended schedule for immunizations.

ACTIVITY

Health Screenings

Directions:

Split into small groups. Each group will receive a large piece of paper and a marker. Choose someone in the group to record the discussion on the paper. Each group will be given an index card with a scenario on it. Using the information in the previous section and Appendix 4-B–Preventive Care on S-19, each group should list preventive services they think the individual should receive. You will have two minutes to make your list. Be prepared to explain your answers.

Trainer Guide: SESSION 4

Routine Dental Care

- Review and discuss section.
- Ask students what they think individuals should do to take care of their teeth.

Show Slide #18: Preventive Dental Care

- Ask students if the individuals they support do these things on a regular basis. If they do not, discuss.

Show Slide #19: Preventive Dental Care

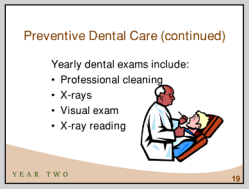
- For more information about dental health, students can refer back to they Year 1 Student Resource Guide, Session 8: Dental and Oral Health.

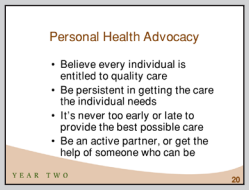
Personal Health Advocacy

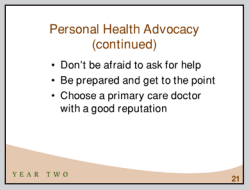
Show Slides # 20 and #21: Personal Health Advocacy

- The following slides and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: Describe things you can do to be a health care advocate for individuals.
- Review and discuss section.
- **Advocacy** means helping individuals help themselves.
- Ask the class what each bullet means in relation to advocating for the individual to get the best possible health care? Possible answers include:
- **Believe every individual is entitled to quality care -**
  If the DSP doesn't think that an individual should receive good care, how can they convince a busy doctor who may have outdated ideas about people with developmental disabilities?
- **Be persistent in getting the care the individual needs -**
  Accessing good health care is sometimes challenging for many reasons such as limited access to care because of insurance, disability limits, an individual's ability to communicate symptoms and so on. You may not be successful on the first try.
- **It's never too early and it's never too late to provide the best possible care -**
  Preventive medical care happens before problems arise, so it can't be early. If an individual's health had been neglected in the past, starting immediately to improve health can only improve quality of life.
- **Be an active partner, or get the help of someone who can be -**
  work with doctors by providing accurate information, asking questions, discussing options, and checking for understanding.
- **Don't be afraid to ask for help (information, advice, assistance) -**
  The DSP is not alone; other people (parents, regional center staff, other DSPs, friends) are there to help.
- **Be prepared and get to the point -**
  Prepare for medical appointments to ensure the individual's needs are met in the short time with the doctor.
- **Choose a primary care doctor with a good reputation.**
  Choose a doctor with hospital privileges, so if necessary, the individual's doctor can treat them in the hospital and use the hospital's resources for necessary medical tests







Routine Dental Care

As discussed in Year 1 of the training, preventive self-care is crucial in caring for teeth. This means brushing well at least twice a day; flossing regularly; fluoride in toothpaste, an oral rinse or drinking water; and avoiding sugary substances in our mouths for long periods of time. If an individual brushes inadequately, you can assist by going back over their teeth with a soft toothbrush, spending plenty of time brushing teeth, and using a circular motion along the gum line. This "mechanical action" is what loosens and sweeps plaque away. If accompanying an individual to the dentist, a wise approach is to help them ask the dentist and hygienist what they can do to improve their dental hygiene.

Most adults should have at least annual dental exams. Yearly dental examinations should include:

- Professional cleaning
- X-rays
- A visual examination of the teeth and mouth by the dentist
- The dentist reading the X-rays to identify any problems needing follow-up

If additional work is needed, follow-up visits are scheduled. Medi-Cal routinely covers one dental office visit per year. If a person has a health condition (for example, cerebral palsy) that calls for seeing the dentist more often, dentists can apply for a Medi-Cal Treatment Authorization Request (TAR).

Personal Health Advocacy

Historically, the general population has often devalued people with disabilities. That reality, paired with managed care, busy doctors, and Medi-Cal rates that are low in comparison to usual and customary charges, means that advocacy is often needed if individuals in your care are to receive the best possible health services. **Advocacy** means helping individuals help themselves.

Here are some things you can do to be a health care advocate:

- Believe every individual is entitled to quality care.
- Be persistent in getting the care the individual needs.
- It's never too early or too late to provide the best possible care.
- Be an active partner or get the help of someone who can be.
- Don't be afraid to ask for help (information, advice, assistance).
- Be prepared and get to the point.
- Choose a primary care doctor with a good reputation, ideally one who has hospital privileges at the community hospital.

Advocating for the best possible health care often means working in partnership with doctors and other health care professionals. Most doctors want their patients (and those who assist their patients) to be active partners, providing information, asking questions, discussing and weighing options, and checking for understanding. Working in partnership with health care professionals calls for:

- A common goal (good quality care).
- Shared effort (each one doing the right thing).
- Good communication.

Such an approach makes better use of the doctor's time and can improve the quality of care.

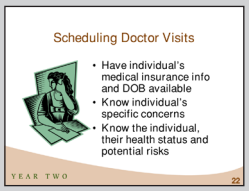
The DSPs Role Before, During and After Doctor Visits

Scheduling Doctor Visits

- Review and discuss section.
- The following slide and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: Identify important information to share with the doctor's office when making a medical appointment.

Show Slide #22: Scheduling Doctor Visits.



Preparing for Doctor Visits

- Review and discuss section.

Show Slide #23: Preparing for Doctor Visits

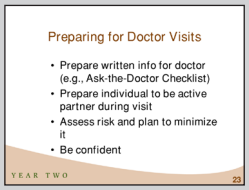
- Ask students if they bring written information to doctor's visits. Why is this an important thing to do?

Possible answers:

– Helps the DSP and individual, and makes it less likely that they will forget something important

– Ensures the doctor has accurate information about the individual and the reason they are there.

– Provides a written record of what occured at each visit for the home.



Making the Most of Doctor Visits

- Review and discuss section.
- The following slides and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: Describe how to support an individual to make the most of a doctor's visit.

Show Slide #24: Making the Most of Visits

Show Slide #25: DSP TV, Scene 7: A Visit to the Doctor and click to play video.

Show Slide #26: Discussion

Possible Answers:

1. Was the DSP a good advocate? Why or Why not?

   – *Yes. He was a partner with Jacob, only speaking after Jacob had looked over toward him. He asked Jacob if he had any questions before leaving the Doctor's office; made sure they were prepared by giving the doctor accurate information to make a diagnosis; asked questions about the medication and side effects.*

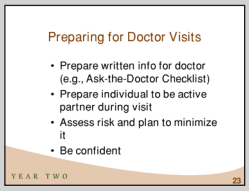
2. What did Jacob and Espen learn?

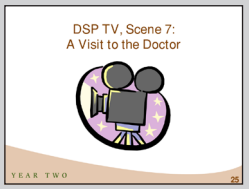
   – *The doctor's diagnosis, the treatment including how to take the medication and possible side effects, and what to expect to get from the pharmacist.*

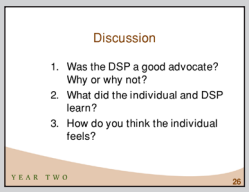
3. How do you think Jacob feels?

   – *Respected, comfortable with his treatment.*

- Additional discussion questions: What do you think Espen and Jacob did to prepare for this appointment? How do your experiences compare with Espen and Jacobs'? What could you do to make your experiences during Doctor visits more productive?







The DSPs Role Before, During and After Doctor Visits

Scheduling Doctor Visits

Before calling the doctor's office, be prepared and involve the individual as much as possible in the process. Have the individual's medical insurance information and date of birth available. Be sure to mention any specific concerns the individual has that may require more of the doctor's time; for example, discussion of a new health issue. Know the individual (the IPP and Health History are excellent sources of information), and identify potential risks and how to minimize them. For example, does the person get anxious if he or she has to sit and wait for the doctor or does the individual use a wheelchair and need specialized equipment to safely undergo certain examinations? Many doctor's offices are understanding and will make arrangements to make things comfortable.

Preparing for Doctor Visits

Whether the individual is going to a routine exam or visiting the doctor for a specific complaint, preparation is important for getting the most out of each appointment. Don't assume the doctor will remember important details about each individual he or she treats. Prepare for office visits by doing your homework and being organized. Work with the individual and his or her planning team prior to the visit to prepare written information for the doctor. An Ask-the-Doctor Checklist similar to the one in Appendix 4-D is a useful tool and includes the necessary information for the doctor.

Work with the individual to prepare him or her to be as active a partner as possible during a visit. Help the individual practice discussing his or her main complaint and questions prior to a visit. Make sure the individual knows what to expect during an office visit. Assess for risk and support the individual in preparing a plan for dealing with potential risks. For example, if a person has difficulty waiting, you might say, "You will have to wait before the doctor can see you. Would you like to bring your radio and earphones so you can listen to music while you wait?"

Remember, if you don't take good care of your own health, or if you feel nervous about seeing the doctor, do not convey that to the person in your care by words, body language, or other ways. If you cannot be confident and an active partner, get the help of someone who can.

Making the Most of Doctor Visits

Here are some tips to help you and the person in your care prepare for a visit to the doctor or other health care professional and to make the most of your time together:

- Prior to the visit, talk with the individual and others involved in his or her health care to identify any health concerns.
- Bring a written list of any concerns and questions you and/or the individual may have. Try to limit the list to the top three concerns.
- Help the individual practice asking questions before the visit.
- Make sure the questions get asked, either by you or the individual.
- Play an active role in the office visit. Be candid and honest. Share hunches and fears. Don't hold back.
- Make sure you understand what the doctor is saying and don't be afraid to ask them to explain things.
- Ask any questions you have about diet, exercise, or smoking.
- Ask about treatment options.
- **Bring a written list of all the medications the individual is taking.**

Documentation and Follow up

- Review and discuss section.
- The following discussion and activity relate to a session outcome, and may appear on the quiz.

  Outcome: Document telephone contact and visits with doctors and health care providers.
- Ask students why they think it is important to keep a written record of contact with doctors and other health care providers.

Possible Answers:

– To make sure that other DSPs will know what the doctor's orders are.

– It's required by Title 17 regulations.

- Emphasize that it is also important to communicate this information with other DSPs verbally, particularly during a shift change.

- When the physician writes a prescription, ask questions about the medication.
- Possible side effects and interaction with existing medications.
- Ask about next steps to be sure you understand what the physician wants done.
- Support the individual to participate as fully as possible in the appointment.
- Always arrive early or on time for each appointment. If you cannot get there, call well in advance and reschedule.

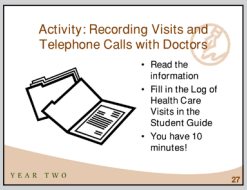
Documentation and Follow-Up

Title 17 regulations require the residential service provider to keep an accurate record of office visits, phone calls, and other interactions with doctors and other health care providers. See Appendix 4-C for a sample form to keep this data in the home.

A primary reason why the DSP should keep written records of what happened during an individual's doctor visit is to make sure that other DSPs will know what the doctor's orders are.

Activity: Recording Visits and Telephone Calls with Doctors.

Show Slide #27: Activity: Recording Visits and Telephone Calls with Doctors



- Review directions to ensure understanding.
- Give students 10 minutes to complete the activity.
- Discuss answers as a class.

Answers:

Date	***Health Care Professional (name)***	***Phone? Y N***	***Reason/ Subject***	***Outcome/ Result***	***Follow-up or Notes (e.g., meds)***
3/27	*Dr. Burns*	*Yes*	*Rapid weight gain*	*Scheduled appointment*	
4/10	*Dr. Burns*	*N*	*Rapid weight gain*	*Recommended diet change and exercise*	*Ordered blood tests*
4/11	*Dr. Burns*	*N*		*Lab will fax results to doctor*	*Doctor will call if any concerns from blood tests*
5/14	*Dr. Burns*	*Y*	*No weight loss has occurred*	*Scheduled appointment for a blood pressure check*	
5/14	*Dr. Burns*	*N*	*Blood pressure check*	*Blood pressure down slightly, weight down slightly*	*Maintain diet and exercise, no change.*

ACTIVITY

Recording Visits and Telephone Calls with Doctors

Directions: Working individually, fill in the Log of Health Care Visits in Appendix 4C on S-21, based on this information about Jane Doe. You have 10 minutes to complete the activity.

Client's Name: Jane Doe DOB: 7/30/74

Events:

1. *It is March 27. Over the past month, Jane Doe, who is 5' 2" tall and currently weighs 175 lbs., gained 7 lbs. She and her care provider are concerned about her weight. They call her primary care physician, Dr. Burns, whose front office staff schedules an appointment for April 10.*
2. *On April 10, Jane is seen by Dr. Burns. At the office, the nurse writes down Jane's complaint (being overweight; rapid, recent weight gain), and takes a few measures: Weight: 178 lbs.; Pulse: 76; Blood pressure: 140/92. Dr. Burns talks with Jane and Mrs. Smith, the care provider, and does some checking with his stethoscope, a light, and tongue depressor. He orders some blood tests at a local lab. He learns that Jane, in a rush to get to her job, typically skips breakfast. She began working at a fast food restaurant six weeks ago and eats her lunch there (sometimes two double-hamburgers and two large orders of French fries). Dr. Burns recommends that Jane (1) eat breakfast at home; (2) cut back to one hamburger and one order of French fries at lunch (or, even better, a grilled chicken sandwich and a small salad); (3) begin walking at least one mile each day; and (4) come back in for a blood pressure check in three months.*
3. *The next day, April 11, Jane has blood drawn at the lab used by Dr. Burns' patients and the lab says they will fax the results to Dr. Burns. They say if you don't get a call from the doctor's office about the lab work, "no news is probably good news."*
4. *A month later, concerned that Jane hasn't lost any weight (but hasn't gained any either), Mrs. Smith calls Dr. Burns' office and after checking with him, his nurse asks Jane to come in the next day (May 15) for a blood pressure check.*
5. *On May 15, Jane has her blood pressure checked. It is 138/86. Her pulse is 76. Her weight at the office is 174 lbs. The nurse asks questions about breakfast, lunch, and walking; encourages Jane (and Mrs. Smith) to continue their effort; and no change is made in Jane's scheduled appointment with Dr. Burns on July 7.*

Community Health Care and Safety Resources

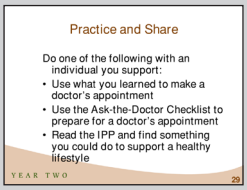
- Review and discuss section.
- The following slide and discussion relate to a session outcome, and may appear on the quiz.

  Outcome: Identify community health care and safety resources.

Show Slide #28: Community Health Care and Safety Resources

Practice and Share

Show Slide #29: Practice and Share, read aloud and discuss to ensure understanding.



Next Session: Nutrition and Exercise

- Provide a linkage between this and the next session for the students For example:

  This session was about helping individuals to stay as healthy as possible with the help of doctors and others in the healthcare community. The next session, called Nutrition and Exercise, continues this theme with a focus on what DSPs and individuals can do at home to maintain good health.

Community Health Care and Safety Resources

In responding to a person's health care needs, you must often find resources to meet those needs.

Basic resources are:

- A primary care doctor (or group)
- A dentist who does family or general dentistry
- Specialists (for example, an eye doctor, gynecologist, podiatrist)
- Regional center clinicians
- Other resources needed to address individual needs; for example, a support group for people struggling with kidney disease
- Information sources; for example, self-care handbooks; voluntary organizations like the American Cancer Society or the American Heart Association; or Internet resources. If there is a need, there is something or someone who can help somewhere. It is up to you and others on the individual's team to find and use services appropriate to each individual's needs.
- The Developmental Disabilities Resources for Health Care Providers (www.ddhealthinfo.org) Web site is a collaboration of California-based information and programs on developmental disabilities. The primary goal of the Web site is to improve the health of persons with developmental disabilities in California. The Web site is designed to assist doctors and other health care providers in caring for individuals with developmental disabilities. It is also designed to support individuals with developmental disabilities and their families in making informed health care decisions.

PRACTICE AND SHARE

Do one of the following with an individual you support:

- Use the guidelines in this chapter to make a medical appointment.
- Use the Ask-the-Doctor Checklist in Appendix 4D on S-22 to prepare for a medical appointment.
- Read the individual's IPP and find at least one thing you could do to support a healthy lifestyle.

Session 4 Quiz

Quiz: Preventive Healthcare and Advocacy

Show Slide #30: Quiz Time...

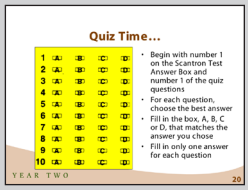
- Review the directions for filling out a ScanTron form.
- Give students 20 minutes to take the quiz.

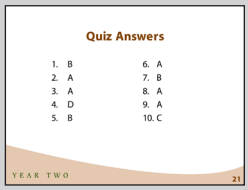
Show Slide #31: Quiz Answers

- Discuss questions and answers as a class.
- Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.

Answers:

1. B
2. A
3. A
4. D
5. B
6. A





Session 4 Quiz

Preventive Healthcare and Advocacy

1	A	B	C	D
2	A	B	C	D
3	A	B	C	D
4	A	B	C	D
5	A	B	C	D
6	A	B	C	D
7	A	B	C	D
8	A	B	C	D
9	A	B	C	D
10	A	B	C	D

1. **One element of a healthy lifestyle is:**
   A) eating foods high in fat.
   B) physical activity.
   C) smoking cigarettes.
   D) watching a lot of television.
2. **Routine physical examinations should include:**
   A) measurement of blood pressure.
   B) x-rays.
   C) examination by a specialist.
   D) surgery.
3. **One thing you can do to be a health care advocate is:**
   A) believe every person is entitled to quality care.
   B) know when it is too late to get medical attention.
   C) tell the doctor what tests and medication the individual needs.
   D) do not talk to the individual or doctor during the doctor's visit.
4. **Breast self-examination, clinical breast exams, and mammograms are important for women because:**
   A) they are easier to do than stop smoking.
   B) prostate cancer screenings are not done for women.
   C) they can help prevent heart disease.
   D) they can help prevent deaths from breast cancer.
5. **A PSA is a:**
   A) tool used by doctors to detect high blood pressure.
   B) prostate cancer blood screening test.
   C) television channel dedicated to men's health issues.
   D) clinical breast examination.
6. **Important information to share with the doctor's office when scheduling a visit includes:**
   A) specific medical concerns the individual may have.
   B) the individual's diet and exercise habits.
   C) the individual's height and weight.
   D) a description of the individual's last doctor appointment.

Session 4 Quiz (continued)

Preventive Healthcare and Advocacy

7. B
8. A
9. A
10. C

7. **One way for the DSP to support an individual to make the most of a doctor's visit is to:**

   A) leave them alone with the doctor during the visit.

   B) bring a written list of all medications the individual is taking.

   C) make a list of exactly three questions to ask the doctor.

   D) make sure they do not interrupt the doctor and DSP when they are talking.

8. **If the DSP does not understand something the doctor says or does during a visit, the DSP should:**

   A) ask the doctor to explain things until the DSP understands.

   B) phone or write the doctor after returning to the facility.

   C) ask a different doctor who is better at explaining things.

   D) try to find another doctor to take care of the person's health.

9. **A primary reason why the DSP should keep written records of what happened during an individual's visit to the doctor is to:**

   A) make sure other DSPs will know what the doctor's orders are.

   B) be able to write something in the person's medical history file.

   C) prove that the DSP was present during the visit to the doctor.

   D) provide the doctor with a copy of the record so the doctor will not forget what happened.

10. **One example of a community health care and safety resource is a:**

   A) restaurant specializing in low fat and high fiber foods.

   B) nearby fire hydrant.

   C) a kidney disease support group or association.

   D) neighborhood church.

Appendices

Appendix 4-A

Physician's Report

STATE OF CALIFORNIA – HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

PHYSICIAN'S REPORT FOR COMMUNITY CARE FACILITIES

For Resident/Client Of, Or Applicants For Admission To, Community Care Facilities (CCF).

NOTE TO PHYSICIAN:
The person specified below is a resident/client of or an applicant for admission to a licensed Community Care Facility. These types of facilities are currently responsible for providing the level of care and supervision, primarily nonmedical care, necessary to meet the needs of the individual residents/clients.

THESE FACILITIES DO NOT PROVIDE PROFESSIONAL NURSING CARE.
The information that you complete on this person is required by law to assist in determining whether he/she is appropriate for admission to or continued care in a facility.

FACILITY INFORMATION (To be completed by the licensee/designee)

NAME OF FACILITY: | TELEPHONE:

ADDRESS: NUMBER STREET CITY

LICENSEE'S NAME: | TELEPHONE: | FACILITY LICENSE NUMBER:

RESIDENT/CLIENT INFORMATION (To be completed by the resident/authorized representative/licensee)

NAME: | TELEPHONE:

ADDRESS: NUMBER STREET CITY | SOCIAL SECURITY NUMBER:

NEXT OF KIN: | PERSON RESPONSIBLE FOR THIS PERSON'S FINANCES:

PATIENT'S DIAGNOSIS (To be completed by the physician)

PRIMARY DIAGNOSIS:

SECONDARY DIAGNOSIS: | LENGTH OF TIME UNDER YOUR CARE:

AGE: | HEIGHT: | SEX: | WEIGHT: | IN YOUR OPINION DOES THIS PERSON REQUIRE SKILLED NURSING CARE? ☐ YES ☐ NO

TUBERCULOSIS EXAMINATION RESULTS: ☐ ACTIVE ☐ INACTIVE ☐ NONE | DATE OF LAST TB TEST:

TYPE OF TB TEST USED: | TREATMENT/MEDICATION: ☐ YES ☐ NO If YES, list below:

OTHER CONTAGIOUS/INFECTIOUS DISEASES:
A) ☐ YES ☐ NO If YES, list below:

TREATMENT/MEDICATION:
B) ☐ YES ☐ NO If YES, list below:

ALLERGIES
C) ☐ YES ☐ NO If YES, list below:

TREATMENT/MEDICATION:
D) ☐ YES ☐ NO If YES, list below:

Ambulatory status of client/resident: ☐ Ambulatory ☐ Nonambulatory

Health and Safety Code Section 13131 provides: "Nonambulatory persons" means persons unable to leave a building unassisted under emergency conditions. It includes any person who is unable, or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, and persons who depend upon mechanical aids such as crutches, walkers, and wheelchairs. The determination of ambulatory or nonambulatory status of persons with developmental disabilities shall be made by the Director of Social Services or his or her designated representative, in consultation with the Director of Developmental Services or his or her designated representative. The determination of ambulatory or nonambulatory status of all other disabled persons placed after January 1, 1984, who are not developmentally disabled shall be made by the Director of Social Services, or his or her designated representative.

LIC 602 (7/96) *(OVER)*

Physician's Report

I. PHYSICAL HEALTH STATUS: ☐ GOOD ☐ FAIR ☐ POOR COMMENTS:

	YES (Check One)	NO (Check One)	ASSISTIVE DEVICE	COMMENTS:
1. Auditory Impairment				
2. Visual Impairment				
3. Wears Dentures				
4. Special Diet				
5. Substance Abuse Problem				
6. Bowel Impairment				
7. Bladder Impairment				
8. Motor Impairment				
9. Requires Continuous Bed Care				

II. MENTAL HEALTH STATUS: ☐ GOOD ☐ FAIR ☐ POOR COMMENTS:

	NO PROBLEM	OCCASIONAL	FREQUENT	IF PROBLEM EXISTS, PROVIDE COMMENT BELOW:
1. Confused				
2. Able To Follow Instructions				
3. Depressed				
4. Able to Communicate				

III. CAPACITY FOR SELF CARE: ☐ YES ☐ NO COMMENTS:

	YES (Check One)	NO (Check One)	COMMENTS:
1. Able to care For All Personal Needs			
2. Can Administer and Store Own Medications			
3. Needs Constant Medical Supervision			
4. Currently Taking Prescribed Medications			
5. Bathes Self			
6. Dresses Self			
7. Feeds Self			
8. Cares For His/Her Own Toilet Needs			
9. Able to Leave Facility Unassisted			
10. Able to Ambulate Without Assistance			
11. Able to manage own cash resources			

PLEASE LIST OVER-THE-COUNTER MEDICATION THAT CAN BE GIVEN TO THE CLIENT/RESIDENT, AS NEEDED, FOR THE FOLLOWING CONDITIONS:

CONDITIONS	OVER-THE-COUNTER MEDICATION(S)
1. Headache	_____
2. Constipation	_____
3. Diarrhea	_____
4. Indigestion	_____
5. Others *(specify condition)*	
_____	_____
_____	_____

PLEASE LIST CURRENT PRESCRIBED MEDICATIONS THAT ARE BEING TAKEN BY CLIENT/RESIDENT:

1. _____ 4. _____ 7. _____
2. _____ 5. _____ 8. _____
3. _____ 6. _____ 9. _____

PHYSICIAN'S NAME AND ADDRESS: TELEPHONE: DATE:

PHYSICIAN'S SIGNATURE

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION (TO BE COMPLETED BY PERSON'S AUTHORIZED REPRESENTATIVE)
I hereby authorize the release of medical information contained in this report regarding the physical examination of:

PATIENT'S NAME:

TO (NAME AND ADDRESS OF LICENSING AGENCY):

SIGNATURE OF RESIDENT/POTENTIAL RESIDENT AND/OR HIS/HER AUTHORIZED REPRESENTATIVE ADDRESS: DATE:

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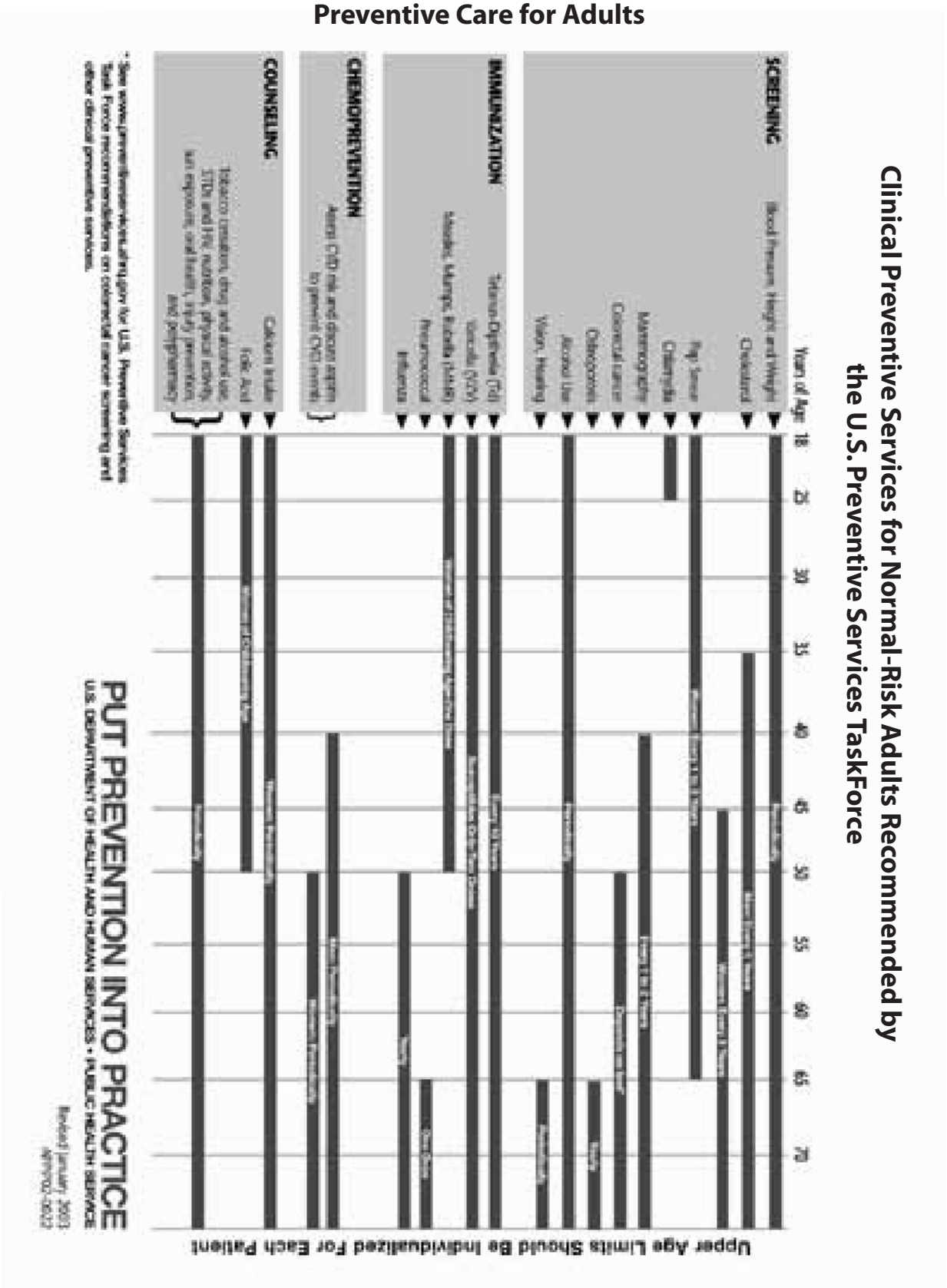
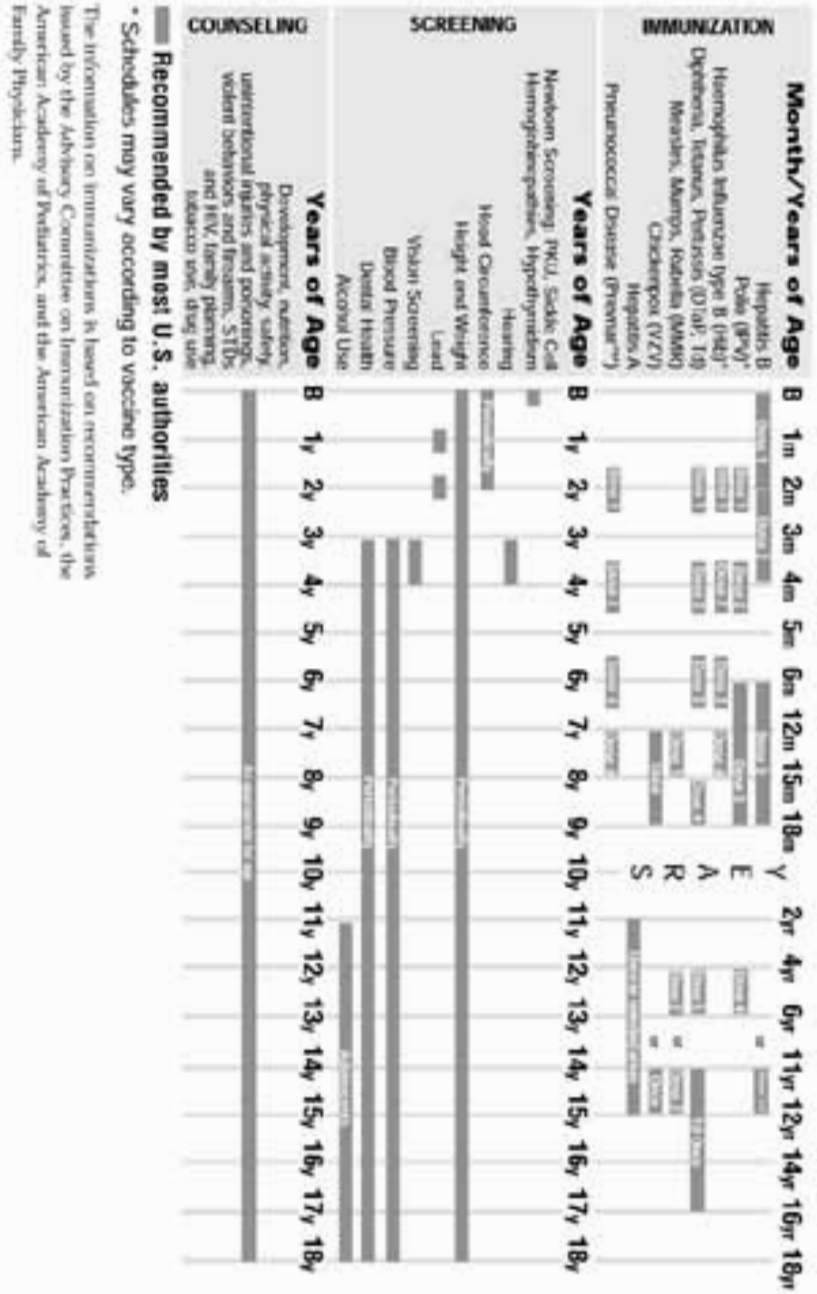
Appendix 4-B

Preventive Care for Adults



Source: Adapted from U.S. Preventive Services Task Force recommendations. Revised January, 2003. See www.preventiveservices.ahrq.gov for updates.

Preventive Care for Children and Adolescents



Source: Adapted from U.S. Preventive Services Task Force recommendations. Revised January, 2003. See www.preventiveservices.ahrq.gov for updates.

Appendix 4-C

Log of Health Care Visits and Consultations

Name_____ DOB_____

Date	*Health Care Professional (name)*	*Phone? Y N*	*Reason/ Subject*	*Outcome/ Result*	*Follow-up or Notes (e.g., meds)*

Ask-the-Doctor Checklist

Individual's Name: _____ **Date:** _____

Step 1. Before the visit:

a. List all medications being taken:

Name	Purpose	Prescriber	Dose/frequerncy

b. Known allergies: _____

Step 2. During the visit:

c. Reason for the visit: _____

d. Signs and symptoms: _____

e. Past experience with this problem has been: _____

f. Three most important questions for the doctor: _____

Step 3. Write down:

g. Temperature _____ Blood pressure _____

h. The diagnosis (what's wrong) is _____

i. The home care plan is _____

Step 4. For drugs, tests, and treatments, ask:

j. What is the name of the drug, test or treatment? _____

k. Why is it needed? _____

l. What are the risks? Expected benefits? _____

m. Are there alternatives? _____

n. What are the risks? Likely benefits? _____

o. [*for drugs*] How should it be taken? _____

p. [*for tests*] How do I prepare the individual? _____

Step 5. At the end of the visit:

q. What danger signs should I look for? _____

r. When do I need to report back? _____

s. Are we to return for another visit? _____

t. Are we to phone in for test results? _____

u. What else do we need to know? _____

Copy each scenario onto an index card to use for the activity on page S-8•

Scenario #1

Stacy is 25-year old woman. She has never been sexually active. Her mother recently died from breast cancer. Stacy has never had a pelvic or breast exam.

Scenario #2

Philip turned 70-years old last month. His last physical examination was two years ago.

Scenario #3

Latanya is 5-years old and getting ready to start kindergarten.

•

Scenario #4

Charlene is 16-years old and has just told you she has been sexually active with several boys in her high school.

Scenario #5

Fred is 40-years old. He goes to the doctor for a physical every two years according to his doctor's recommendation and his IPP. He is due for his regular physical next month.