

# **T.L.C. Facilitator's Manual**

## **Staying Healthy Module: Session #12: Participating in Medical Care Decisions (2 hrs)**

### OBJECTIVES:

1. Participants will identify criteria for selecting and trusting a physician.
2. Participants will identify where to get information on their illness.
3. Participants will problem solve barriers to being a partner in their health care.
4. Participants will be able to interact assertively with their physicians around medical issues of importance to them.
5. Participants will increase their motivation to become a partner in their medical care.

### RATIONALE:

Research has found that the perceived degree of control over their lives influences the longevity and quality of life of persons with chronic and terminal illness. One area in which increased control can occur is in the patient's relationship with his/her physician. The goal is to create more of a partnership arrangement in order to enhance control over an important area of an HIV positive person's life.

Dealing with issues of physician selection, trust, increased knowledge, and assertiveness in physician/patient interactions can all contribute to a sense of greater control. Therefore, in this session participants will identify criteria for selection and trust, will explore how to keep up with new developments, and will practice interacting with their physician.

### Summary:

1. Welcome the participants. Review between session goals and successes. Do a lottery. (15 minutes)
2. Introduce the topic with a script and link it to feelings. (15 minutes)
3. Explore how to find a physician and identify ways to select one. (15 minutes)
4. Practice face to face interactions with the participant's physician. (35 minutes)
5. List barriers to being a partner in medical care and problem-solve some of the barriers. (20 minutes)

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6. Have graduation ceremony and show appreciation to each other. (20 minutes)

MATERIALS:

Module 1 Attendance Sheet  
Lottery tickets  
Lottery prize  
"Thanks"  
Goal Summary Display Chart  
T.L.C. Goal Summary Sheet  
Newsprint and pens  
Scripts: "What's Up Doc?" "Doctors Make Decisions."  
Chart of Feeling Thermometer  
Local resource list of HIV/AIDS advocacy and self-help groups  
Guidelines for Being A Partner in your Medical Care  
Modeling Script: Talking with my Doctor  
Graduation Certificates  
Wallet size reminder cards

Note to the Facilitator: **Bold** letters tell you what each exercise is to accomplish. CAPITAL letters tell you what to do. Small case letters give you an example of what to say. Feel free to put what you say into your own words.

NOTES TO MYSELF (REMINDERS, POINTS TO MAKE)

Exercise 1: What Happened Between Sessions?

(15 minutes)

**[The purposes of this exercise are to build self-esteem, to increase self efficacy, to enhance group cohesion. Positive introductions, "Thanks," reviewing steps taken and efforts to make life better, and a lottery are used to achieve the desired ends.]**

I am really pleased to see you here today.

■GIVE OUT 20 "THANKS" TO EACH YOUTH.

Between the sessions you were going to take certain steps.

Remember?

You each had a goal or target to achieve.

■REFER TO T.L.C. GOAL SUMMARY SHEET

How did you make out?

■ENCOURAGE SHARING OF TARGETS. BRAINSTORM OVERCOMING ONE OR TWO OBSTACLES TO ACHIEVEMENT IF THEY COME UP. GIVE OUT "THANKS."

As I said before, we are happy that you came today.

To show our appreciation of your attending today's session we will do a lottery.

When you get a lottery ticket, write your name on it and hand it in.

■PASS OUT LOTTERY TICKETS. HAVE THE YOUTHS WRITE THEIR NAMES ON THEM. COLLECT THEM, MIX THEM UP, HAVE SOMEONE DRAW A WINNER, AND GIVE THE LOTTERY PRIZE. AS THIS IS THE LAST SESSION, YOU MAY WANT TO

FIND A WAY TO MAKE SURE THAT THOSE YOUTHS WHO  
HAVE NOT WON A LOTTERY WIN TODAY.

Exercise 2: What Is Today's Session About?

(15 minutes)

**[The purposes of this exercise are to introduce the topic and to link the topic to feelings in order to make the issues more real, and to increase motivation. A script, pros and cons, and the Feeling Thermometer are used.]**

To get into today's topic I need two volunteers to act out a soap scene.

One of you will be the doctor and the other person will be the patient.

■SELECT THE VOLUNTEERS. DECIDE WHO WILL PLAY EACH  
ROLE, GIVE THE PLAYERS THE SCRIPTS AND HAVE THEM  
READ THE SCENE ALOUD TO THE GROUP.

WHAT'S UP, DOC?

DOCTOR: Sit down.

PATIENT: I am sitting down.

DOCTOR: I want you to get this prescription filled.

PATIENT: Don't you want to examine me first? Before you give me medicine. See how I'm feeling.

DOCTOR: I know how you are feeling.

PATIENT: Some kind of magic?

DOCTOR: Your blood work tells me everything I need to know.

PATIENT: Talk to me, Doc. I'm a person.

DOCTOR: What do you want me to say?

PATIENT: Well, you could tell me why I am getting new medication.

DOCTOR: Because it is good for you.

PATIENT: What's wrong with the old medication?

DOCTOR: It doesn't seem to be working.

PATIENT: That's nice to know. What's the new stuff called?

DOCTOR: ddi.

PATIENT: What are the side effects?

DOCTOR: Nothing to worry about.

PATIENT: Like what?

DOCTOR: Maybe a little diarrhea and a rash.

PATIENT: That's it?

DOCTOR: Oh, it could bother your pancreas.

PATIENT: That's a pretty important organ.

DOCTOR: Don't worry about it.

PATIENT: Maybe I'll try some of that shark stuff.

DOCTOR: That's for cancer, and it isn't proven to be effective.

PATIENT: Well, how come sharks don't get cancer?

DOCTOR: Look, I got a lot of patients to see. Come back in a month. Make an appointment with the receptionist on your way out.

THE END

That was great!

■GIVE OUT "THANKS" TO THE PLAYERS.

How would you have felt being the patient in that scene?

■ENCOURAGE REACTIONS.

As you can tell, the scene was about relating to your doctors.

That's what today's session is about.

We believe that having control over parts of your life contributes to staying healthy.

The more places you have control, the better.

One really important place is when dealing with your doctor.

We want you to be a partner in planning and directing your own care.

What do you see as the advantages and disadvantages of being a partner with your physician?

■HAVE YOUTHS CALL OUT ADVANTAGES AND DISADVANTAGES. BUILD A GROUP LIST ON NEWSPRINT. A FEW EXAMPLES ARE AS FOLLOWS:

ADVANTAGES

KNOW WHAT IS GOING ON  
CAN MAKE BETTER DECISIONS  
WILL FEEL BETTER ABOUT SELF

DISADVANTAGES

DOCTOR MAY GET ANGRY  
DOCTOR MAY REFUSE TO TALK  
MAY HAVE TO TAKE RESPONSIBILITY

That's a good list.

Do you think the advantages outweigh the disadvantages?

■ENCOURAGE A DISCUSSION OF WHETHER THE ADVANTAGES OUTWEIGH THE DISADVANTAGES. IF THE DISADVANTAGES ARE PERCEIVED TO OUTWEIGH THE ADVANTAGES, PURSUE WHAT WOULD HAVE TO CHANGE TO MAKE YOUTHS TO WANT TO BE A PARTNER WITH THEIR DOCTORS.

Remember the Feeling Thermometer.

**■HOLD UP A CHART OF THE FEELING THERMOMETER.**

Using the Feeling Thermometer as a guide, what have been some situations with your doctor when you felt comfortable and when you felt more uncomfortable?

For example;

Tell us how have you felt when the doctor explained the side effects of a drug or when the doctor talked in technical terms that a couldn't understand? Where is your feeling thermometer?

Tell us about situations that you have experienced and how you felt in those situations.

Tell us what level your feeling thermometer was in those situations?

**■ENCOURAGE SHARING OF SITUATIONS AND FEELINGS.  
EXPLORE WHAT WAS THE CONSEQUENCE OF FEELING THAT  
WAY.**

What did you do after you felt comfortable or uncomfortable?

**■SHOW HOW FEELINGS CAN LEAD TO DOING THINGS THAT  
HELP YOU OR HARM YOU.**

Exercise 3: How Would I Select a Doctor?  
(15 minutes)

**[The purpose of this exercise is to improve the youths' skills in selecting a physician. Problem solving is employed.]**

Selecting a physician is very important because you will have a long term relationship with that person and you want good care.

Hopping from physician to physician will not give you good medical care.

The first step is finding a physician.

How would you go about locating a physician?

■BRAINSTORM HOW TO LOCATE A PHYSICIAN. WRITE IDEAS ON NEWSPRINT. SOME POSSIBLE IDEAS ARE 1) CALL AN AIDS HOT LINE; 2) ASK FRIENDS WHO RECEIVE CARE; 3) ASK THE ADVICE OF A PHYSICIAN YOU TRUST; 4) CONTACT YOUR LOCAL HEALTH DEPARTMENT.

Each person may make a different choice, depending on how they see things.

Which approach to finding a physician do you think is best for you and why?

■ENCOURAGE A DISCUSSION IN WHICH THE ALTERNATIVES ARE EVALUATED. EXPLORE THE CRITERIA BY WHICH CHOICES ARE MADE.

That was a good discussion leading to a choice.

Now, let's imagine that you have a list of possibilities.

Having more than one name on the list is a good idea so that you can make a real choice.

It is very important that you trust the physician.

What would you look for to make you feel trusting?

■BRAINSTORM SIGNS THAT LEAD TO TRUST. EXAMPLES OF IDEAS MIGHT BE 1) RESPECTS ME; 2) TREATS ME LIKE A PERSON NOT A PATIENT; 3) SEE IF OTHER PEOPLE WHO USE HIM LIKE HIM. MAKE A LIST ON NEWSPRINT.

How would you know if the doctor was competent?

■ENCOURAGE BRAINSTORMING OF WAYS TO ASSESS COMPETENCE. EXAMPLES: HAS HE OR SHE TREATED OTHERS WHO ARE HIV POSITIVE AND WHO ARE LIVING WITH AIDS. SEE IF AIDS ADVOCACY GROUPS HAVE RECOMMENDATIONS.

■INTRODUCE THE IDEA THAT KEEPING TRACK OF ONE'S IMMUNE SYSTEM STATUS IS VERY IMPORTANT. DOES THE PHYSICIAN KEEP TRACK? WRITE THE IDEAS ON NEWSPRINT.

From the list of information you needed to decide if your physician is competent select the approaches that you think are best.

■ENCOURAGE A DISCUSSION ON WHICH APPROACHES ARE THE BEST.

That was a good discussion illustrating how to make a decision about your doctor's competence.

Let's take a look at another important factor in managing your own health care.

It is important to keep up with new information about treating HIV and AIDS and about people's experiences with being HIV positive.

The more you know, the better a consumer of services you can be.

There are newsletters written for people who are HIV positive.

**■SHOW THE GROUP A COPY OF A NEWSLETTER. PROVIDE THEM WITH A LIST OF NAMES AND ADDRESSES. AGAIN RECOMMEND CONTACTING A LOCAL AIDS ADVOCACY GROUP.**

What questions do you have about selecting a physician?

**■ANSWER QUESTIONS.**

Exercise 4: How Can I Improve Being a Partner?  
(35 minutes)

**[The purpose of this exercise is to improve assertiveness skills in dealing with a doctor or other health care personnel. Role playing provides the method to practice.]**

Now we want to give you a chance to practice being a partner in your care.

That means getting the information that you need, understanding it, being clear on your choices and their consequences, and making decisions.

You have to be able to ask questions, seek clarification, solve problems, choose among different alternatives, and stand up for yourself.

Here are some suggested guidelines to think about.

■HAND OUT THE GUIDELINES ON BEING A PARTNER IN MEDICAL CARE. COMMENT BRIEFLY. THE GUIDELINES ARE IN CAPITAL LETTERS AND THE COMMENTS ARE IN small case.

GUIDELINES FOR BEING A PARTNER IN YOUR MEDICAL CARE

1.     INFORM

Tell the physician what you think he should know about your situation - history, symptoms (be specific), allergies, previous illness.

2.     QUESTION

Make a list of questions.

Ask the questions.

3.     CLARIFY

Have the physician explain the situation so that you can understand it.

4.     STICK-WITH-IT

Keep asking what it means until you get it.

5. ASSERT

Make it clear you want to be included when important decisions are being made about your care.

6. BE CAUTIOUS

Don't sign consent forms unless you know what they mean.

7. FOLLOW-UP

Medical personnel often say they will do things and then don't carry them out. It may be that they are too busy or the system doesn't work right to help them. It is critical to follow-up and keep requesting that they do what they agreed to.

We have some ideas about how to act.

I want you to watch a demonstration and be critical about it.

What did you like about the way the person who was the patient handled it and how would you have done it differently?

The two of us (FACILITATORS) will play the roles of the doctor and patient.

■MODEL BEING MORE OF A PARTNER WITH THE PHYSICIAN.  
THE TWO FACILITATORS READ THE PARTS ALOUD TO THE  
GROUP. THE SCRIPT IS AS FOLLOWS:

MODELING "TALKING WITH MY DOCTOR"

PATIENT: I am concerned because I have been coughing a lot during the last two weeks.

DOCTOR: Have you had a fever?

PATIENT: No, but I seem to be having trouble catching my breath. I want to make sure I

haven't got PCP.

DOCTOR: It's not likely.

PATIENT: I want to be on the safe side. If you are HIV positive, like I am, you can't be too cautious. I know you don't want to perform any unnecessary tests.

DOCTOR: Have you been coughing up sputum? We could examine that if you wish.

PATIENT: I haven't coughed up sputum. Is there some other way to make a diagnosis? I want you to find out.

DOCTOR: To make a diagnosis we have to find the fungal organism in the lungs. We could do a bronchoscopy or get the specimen by sputum induction.

PATIENT: What are they? The something or other and the sputum whatever?

DOCTOR: They are medical procedures. Not terribly complicated ones.

PATIENT: Good. Then explain them to me so I can understand them.

DOCTOR: OK.

PATIENT: I assume I have a say in which procedure will be used on me.

### THE END

Some of the key strategies the patient tried to use in the demonstration were 1) state what your needs are, 2) recognize what the other person's needs are, 3) state what you want the person to do, and 4) stay at it.

What did you like about the way the patient handled it and what would you have done differently?

■ENCOURAGE A DISCUSSION EVALUATING WHAT THE PATIENT DID. IF GROUP DOESN'T MENTION THINGS FROM LIST AT BEGINNING OF EXERCISE MAKE SURE YOU MENTION SOME OF THE KEY STRATEGIES THE PATIENT TRIED TO USE IN THE DEMONSTRATION WHICH WERE 1) STATE WHAT YOUR NEEDS ARE, 2) RECOGNIZE WHAT OTHER PERSON'S NEEDS ARE, 3) STATE WHAT YOU WANT THE PERSON TO DO AND 4) STAY AT IT.

Those were very helpful comments.

Now let's take some time to practice.

■DIVIDE THE GROUP IN HALF SO THAT EVERYONE HAS A CHANCE TO PRACTICE. A FACILITATOR GOES WITH EACH GROUP. WITHIN THE GROUPS CREATE PAIRS.

■FIRST ONE PAIR WILL ROLE PLAY THE DOCTOR AND PATIENT WHILE THE REST OF THE PEOPLE OBSERVE. THEN THE SECOND PAIR WILL ROLE PLAY. REPEAT WITH THE ROLES REVERSED.

■THE FACILITATOR GIVES INSTRUCTIONS TO THE ROLE PLAYERS. DO AT LEAST TWO OF THE FOLLOWING 4 ROLE-PLAYS, CHOOSE THE EXAMPLES FOR YOUR SMALL GROUP. IF THERE IS TIME DO 3 OR ALL 4.

Let me tell you what the goal of the patient is: to get her/his question answered or to get her/his point across.

The goal of the doctor is to give the patient whatever information the doctor think the patient can handle.

Here are the instructions for the first role play.

Role-play #1:

(TO THE PATIENT) - The patient's goal is to find out how much danger there is in having a flu shot.

(TO THE DOCTOR) - The doctor knows that flu shots are not dangerous because they do not contain a live virus.

(Some vaccines contain a live virus and are dangerous.)

(TO THE OBSERVERS) - Each person has something special to observe.

You pay attention to:

did the patient ask questions?  
did the patient clarify?  
did the patient stick-with-it?  
did the patient stay firm?  
did the patient make it clear that she or he wanted to be a partner  
in making decisions?

Go ahead and do the role play.

■ALLOW A FEW MINUTES FOR THE ROLE PLAY. GIVE OUT  
"THANKS." WHEN THE ROLE PLAY IS OVER, OBTAIN  
FEEDBACK.

Now we want some feedback.

(TO THE PATIENT) - Please tell us how you felt during the role play, what one thing you liked about what you did, and what one thing you would do differently.

(TO THE DOCTOR) - What one did you like about the way the patient did it and what one thing would you have done differently?

(TO THE OBSERVERS) - What one did you like about the way the patient did it and what one thing would you have done differently?

■OBTAIN FEEDBACK.

Role-play #2:

Now we'll do the second role play.

(TO THE PATIENT) - The patient enjoys a sport like basketball or rock climbing where she/he gets many aches, scrapes and bruises.

Patient's goal is to find out if it is all right to take Advil even though she/he has a low platelet count.

The patient also wants to continue with sports.

(TO THE DOCTOR) - The doctor knows that Advil reduces the ability of the blood to clot.

The doctor wants the patient to cut out doing the sport.

(TO THE OBSERVERS) - Each person has something special to observe.

You pay attention to:

did the patient ask questions?

did the patient clarify?

did the patient stick-with-t?

did the patient stay firm?

did the patient make it clear that she or he wanted to be a partner in making decisions?

Go ahead and do the role play.

■ALLOW A FEW MINUTES FOR THE ROLE PLAY. GIVE OUT "THANKS." WHEN THE ROLE PLAY IS OVER, OBTAIN FEEDBACK.

Now we want some feedback.

(TO THE PATIENT) - Please tell us how you felt during the role play, what one thing you liked about what you did, and what one thing you would do differently.

(TO THE DOCTOR) - What one did you like about the way the patient did it and what one thing would you have done differently?

(TO THE OBSERVERS) - What one did you like about the way the patient did it and what one thing would you have done differently?

■OBTAIN FEEDBACK.

Role-play #3:

Now we'll do the third role play.

(TO THE PATIENT) - The patient's goal is to let the doctor know that she/he wants to decide on whether to take AZT.

(TO THE DOCTOR) - The doctor wants the patient to take AZT even though it can cause serious side effects including muscle pain, skin problems, stomach and bowel problems, nervousness, coughs, anxiety and confusion, lethargy, and anemia.

(TO THE OBSERVERS) - Each person has something special to observe.

You pay attention to:

did the patient ask questions?

did the patient clarify?

did the patient stick-with-t?

did the patient stay firm?

did the patient make it clear that she or he wanted to be a partner in making decisions?

Go ahead and do the role play.

■ALLOW A FEW MINUTES FOR THE ROLE PLAY. GIVE OUT "THANKS." WHEN THE ROLE PLAY IS OVER, OBTAIN FEEDBACK.

Now we want some feedback.

(TO THE PATIENT) - Please tell us how you felt during the role play, what one thing you liked about what you did, and what one thing you would do differently.

(TO THE DOCTOR) - What one did you like about the way the patient did it and what one thing would you have done differently?

(TO THE OBSERVERS) - What one did you like about the way the patient did it and what one thing would you have done differently?

■OBTAIN FEEDBACK.

Role-play #4:

Now we'll do the fourth role play.

(TO THE PATIENT) - You asked the doctor to send your records to another doctor for a second opinion.

Your doctor did not do it.

You are asking your doctor again.

Your goal is to get the records sent.

(TO THE DOCTOR) - The first time your patient asked to have her/his records sent, you forgot.

The second time your patient asked to have the records sent, you meant to do it, but you have been too busy.

Your goal is to safe face.

(TO THE OBSERVERS) - Each person has something special to observe.

You pay attention to:

did the patient ask questions?

did the patient clarify?

did the patient stick-with-t?

did the patient stay firm?

did the patient make it clear that she or he wanted to be a partner in making decisions?

Go ahead and do the role play.

■ALLOW A FEW MINUTES FOR THE ROLE PLAY. GIVE OUT "THANKS." WHEN THE ROLE PLAY IS OVER, OBTAIN

## FEEDBACK.

Now we want some feedback.

(TO THE PATIENT) - Please tell us how you felt during the role play, what one thing you liked about what you did, and what one thing you would do differently.

(TO THE DOCTOR) - What one did you like about the way the patient did it and what one thing would you have done differently?

(TO THE OBSERVERS) - What one did you like about the way the patient did it and what one thing would you have done differently?

## ■OBTAIN FEEDBACK.

Those were very good role plays.

Let's come back together with the other group.

## ■BRING THE GROUPS BACK TOGETHER.

Remember the Feeling Thermometer?

A temperature of 100 means feeling very uncomfortable, and 0 means feeling totally comfortable.

How did you feel in the role plays, and what was your reaction to playing an assertive patient?

What was your reaction to playing an assertive patient?

## ■ENCOURAGE SHARING.

Exercise 5: How Do I Deal with Barriers to Being a Partner?  
(20 minutes)

**[The purpose of this exercise is to increase problem solving skills in dealing with barriers to being an active partner. A script and problem solving situations are used.]**

Now you have more skills in being a partner with your doctor.

But that doesn't mean you will use them.

Why not?

People often find that even with skills there are barriers to using what they know how to do.

To show you what I mean I need two volunteers to do a little soap scene.

■SELECT THE VOLUNTEERS. DECIDE WHO WILL READ EACH PART. GIVE OUT THE SCRIPTS AND HAVE THEM READ THE SCENE ALOUD TO THE GROUP.

DOCTORS MAKE DECISIONS  
(BOY'S/GIRLS' GROUP)

SHIRLEY/SAM: Did you see the doctor?

RUTH/ROGER: Yes.

S: How did it go?

R: Terrible.

S: How come?

R: I told her I wasn't sure I wanted to do what she recommended.

S: That's good.

R: Not really. She got all bent out of shape.

S: What did she say?

R: She told me that she made the decisions. If I didn't like it, I could go some place else.

S: What are you going to do?

R: I'll do what she tells me to. I don't want her all mad at me.

S: Why not try again?

R: No way!

THE END

That was great!

■GIVE "THANKS" TO THE PLAYERS.

As you can see, the doctor's reaction was a barrier to any more attempts at being a partner.

What are some barriers that you could see would stop you from trying to be partner in your own care?

■ENCOURAGE SHARING BARRIERS. WRITE THEM ON NEWSPRINT. EXAMPLES OF BARRIERS MIGHT BE AS FOLLOWS:

1. NO MOTIVATION. "IT REALLY ISN'T IMPORTANT TO ME."
2. AVOID HASSLES.
3. IT IS TOO HARD TO CHANGE THE SYSTEM. THE SYSTEM ISN'T SET UP THAT WAY.
4. I TRIED IT AND THE DOCTOR'S REACTION WAS NEGATIVE.
5. I DON'T KNOW ENOUGH TO BE A PARTNER.
6. I DON'T HAVE ENOUGH CONFIDENCE THAT I COULD PULL IT OFF.

That's a good list.

Pick one that we can work on.

■HAVE THE GROUP SELECT A BARRIER TO WORK ON.

Now let's try out using problem solving to see what we could do to overcome this barrier.

■FIRST, CREATE A SITUATION THAT ILLUSTRATES THE BARRIER. HAVE SOME OF THE YOUTHS ACT OUT THE SITUATION.

■SECOND, USE PROBLEM SOLVING TO WORK THROUGH THE SITUATION. COACH AS MUCH AS IS NEEDED. THE STEPS TO FOLLOW ARE:

1. DEFINE THE PROBLEM.
2. FIGURE OUT THE GOAL.
3. LIST ACTIONS YOU MIGHT TAKE.
4. DECIDE ON A COURSE OF ACTION.
5. DO IT.
6. REVIEW IT.

That was a good use of problem solving.

Exercise 6: How Do We End It All?  
(20 minutes)

**[The purposes of this exercise are to build self-esteem, to carry what was learned into the youths' world, and to reward the youths for their participation in the "Stay Healthy" module. Showing appreciation to the youths, a commitment to future actions, and a graduation ceremony are the approaches followed.]**

This is our last session in the workshop on "Staying Healthy."

Before we end I would like you to agree on one step you will take in the next two weeks.

That step should be something related to being a partner in your medical care.

Some examples might be

1. Reading some material from an AIDS advocacy group on what is good care for a person who is HIV positive.
2. Checking with an AIDS advocacy group on the best physicians to see.
3. Making a list of questions you want to ask your physician.
4. Telling your doctor that you want to be more involved in the decision making about your care.

■POST A PERSONAL GOAL

Make sure your goal is realistic, clear, not too easy or too hard, and has a clear endpoint so you can recognize when it has been accomplished.

What are you willing to agree to do?

■GO AROUND THE ROOM AND HAVE EACH PERSON  
INDICATE A STEP THAT THEY WILL TAKE TO COMPLETE IT.

Thank you.

You have attended many sessions on how to stay healthy.

You deserve recognition for your participation.

So, we are going to have a kind of graduation ceremony.

**■HAVE A GRADUATION CEREMONY THAT BEST FITS YOUR SPECIFIC GROUP OF YOUTHS. AN EXAMPLE FOLLOWS:**

We will start with your certificates.

These certificates indicate that you have completed the workshop on Staying Healthy.

**■GIVE OUT CERTIFICATES SAYING THEY HAVE COMPLETED THE WORKSHOP. CALL OUT EACH PERSON'S NAME (ONE AT A TIME) AND HAVE THEM COME UP FRONT TO RECEIVE THE CERTIFICATE. SHAKE THEIR HANDS. WHEN EACH PERSON RECEIVES HER/HIS CERTIFICATE, ASK HER/HIM TO SAY A FEW WORDS TO THE GROUP.**

To remember what you have gone through here are little reminder cards.

**■GIVE EACH YOUTH A REMINDER CARD - WALLET SIZE. THE FRONT SAYS "STAY HEALTHY" IN BOLD LETTERS. THE BACK LISTS THE ACTIONS:**

1. WANT TO STAY HEALTHY
2. DECIDE WHO TO TELL
3. DEAL WITH STIGMA
4. STAY CALM
5. AVOID INFECTIONS

6. ATTEND APPOINTMENTS
7. TAKE MEDICATION
8. PARTICIPATE IN YOUR CARE

(NOTE TO FACILITATORS 3 MORE SESSIONS WILL BE ADDED)

As the last part of today's session, please show your appreciation to other members of the group.

Let them know that you appreciate what they said and did, their presence, and their style.

■GIVE APPRECIATION TO THE GROUP MEMBERS THROUGH PRAISE, "THANKS," AND APPROPRIATE GESTURES (HAND SHAKES, PATS). MAKE SURE EVERYONE IS INCLUDED.

-ADD AN ANNOUNCEMENT ABOUT THE NEXT MODULE AND WHEN IT WILL BEGIN....

END OF SESSION 12 ON BEING A PARTNER IN HEALTH CARE

WHAT'S UP, DOC?

DOCTOR: Sit down.

PATIENT: I am sitting down.

DOCTOR: I want you to get this prescription filled.

PATIENT: Don't you want to examine me first? Before you give me medicine. See how I'm feeling.

DOCTOR: I know how you are feeling.

PATIENT: Some kind of magic?

DOCTOR: Your blood work tells me everything I need to know.

PATIENT: Talk to me, Doc. I'm a person.

DOCTOR: What do you want me to say?

PATIENT: Well, you could tell me why I am getting new medication.

DOCTOR: Because it is good for you.

PATIENT: What's wrong with the old medication?

DOCTOR: It doesn't seem to be working.

PATIENT: That's nice to know. What's the new stuff called?

DOCTOR: DDI.

PATIENT: What are the side effects?

DOCTOR: Nothing to worry about.

PATIENT: Like what?

DOCTOR: Maybe a little diarrhea and a rash.

PATIENT: That's it?

DOCTOR: Oh, it could bother your pancreas.

PATIENT: That's a pretty important organ.

DOCTOR: Don't worry about it.

PATIENT: Maybe I'll try some of that shark stuff.

DOCTOR: That's for cancer, and it isn't proven to be effective.

PATIENT: Well, how come sharks don't get cancer.

DOCTOR: Look, I got a lot of patients to see. Come back in a month. Make an appointment with the receptionist on your way out.

THE END

### MODELING TALKING WITH MY DOCTOR

- PATIENT: I am concerned because I have been coughing a lot during the last two weeks.
- DOCTOR: Have you had a fever?
- PATIENT: No, but I seem to be having trouble catching my breath. I want to make sure I haven't got PCP.
- DOCTOR: It's not likely.
- PATIENT: I want to be on the safe side. If you are HIV positive, like I am, you can't be too cautious. I know you don't want to perform any unnecessary tests.
- DOCTOR: Have you been coughing up sputum? We could examine that if you wish.
- PATIENT: I haven't coughed up sputum. Is there some other way to make a diagnosis? I want you to find out.
- DOCTOR: To make a diagnosis we have to find the fungal organism in the lungs. We could do a bronchoscopy or get the specimen by sputum induction.
- PATIENT: What are they? The something or other and the sputum whatever?
- DOCTOR: They are medical procedures. Not terribly complicated ones.
- PATIENT: Good. Then explain them to me so I can understand them.
- DOCTOR: OK.
- PATIENT: I assume I have a say in which procedure will be used on me.

THE END

## GUIDELINES FOR BEING A PARTNER IN YOUR MEDICAL CARE

1. INFORM
2. QUESTION
3. CLARIFY
4. STICK-WITH-IT
5. ASSERT
6. BE CAUTIOUS
7. FOLLOW-UP

DOCTORS MAKE DECISIONS  
(GIRLS' & BOYS GROUP)

SHIRLEY/SAM: Did you see the doctor?

RUTH/ROGER: Yes.

S: How did it go?

R: Terrible.

S: How come?

R: I told her I wasn't sure I wanted to do what she recommended.

S: That's good.

R: Not really. She got all bent out of shape.

S: What did she say?

R: She told me that she made the decisions. If I didn't like it, I could go  
some place else.

S: What are you going to do?

R: I'll do what she tells me to. I don't want her all mad at me.

S: Why not try again?

R: No way!

THE END

