

Introducing Alcohol Screening Role Play

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Featuring Jen Hurley, CHCP, CPHQ

Hi, I'm Ed Boudreaux, and I'm here with Jen Hurley. We'd like to welcome you to the Enhanced Bite Sized learning on how to introduce alcohol screening to a patient in primary care. I'll first review three key performance elements then we'll provide a few role plays of common situations.

Three key elements to keep in mind when introducing alcohol screening that can help put patients at ease and foster strong patient engagement are:

- 1: Introduce: introduce the screening and describe why it is important. Don't just drop the screening in the clinical evaluation with no explanation.
- 2: Explain: explain that this is done with all patients to help reduce stigma and to provide the context of universality.
- 3: Ask: ask permission to continue with the questions after you introduce the topic of screening.

Okay, we'll start with our first scenario. In this scenario the patient is being seen in primary care for an annual well visit. It's common to screen for health behaviors during these visits but it's still a good idea to introduce the screening to the patient. I'm playing the role of the clinician and Jen is playing the role of the patient.

Q: Okay, Jen, as part of well visits we usually ask questions about behaviors that affect their health. We ask these questions of everyone regardless of who they are, or what medical problems they have. It's just part of the standard way we do things so we don't miss anything important. Do you mind if I ask you some questions?

A: Sure, I don't mind.

Q: Okay, great. I'm going to ask you a few questions about your use of alcohol.

And then the clinician would transition to asking his or her standard alcohol screening questions. We're not going to actually review the screening items in this presentation because it's something we plan to focus on in a dedicated exercise like this one at a later date.

So in closing let's highlight the key points that we saw during this scenario.

The introduction destigmatizes the questions by emphasizing that they're asked of everyone. It engenders patient engagement by explaining its purpose and by asking permission. If the patient

happens to be reluctant you can probe further reasons of reluctance. And if the clinician begins with another health behavior like tobacco, for example, the assurance of the universality of the screening can still be used prior to introducing whatever health behavior is being screened and then alcohol screening can just be fit into wherever it's most appropriate.

Okay, let's move into another common scenario which is when the clinician performs the alcohol screening as part of an unscheduled visit. In this scenario we're pretending this patient is presented for persistent nausea and vomiting and the clinician has completed his or her exam has all the information he or she needs to diagnose and treat the nausea and vomiting. He is then going to do some basic health screening. I'm playing the role of the clinician and Jen is playing the role of the patient.

Q: Okay, thank you for explaining to me what brought you in and I think I have all the information I need. But before I talk with you about what I think should be done I have a few more questions to ask. As part of visits like this one we often ask general screening questions of everyone regardless of who they are or why they're here. It's just a part of the standard way we do things so don't miss anything important. Do you mind if I ask you some questions?

A: Okay, sure, whatever you want.

Q: Okay, great. I'm going to ask you a few questions about your use of alcohol.

And then, here, the clinician would launch into the screening questions that's used at his or her practice.

So in closing let's highlight the key points we saw during this scenario. The introduction destigmatizes the question by emphasizing that they asked of everyone and engenders patient engagement by explaining its purpose and by asking permission. If the patient happens to be reluctant you can probe further reasons of reluctance.

And if the clinician begins with another health behavior like tobacco, for example, the assurance of the universality of the screening can still be used prior to introducing whatever health behavior is being screened. And then alcohol screening can just be fit into wherever it's most appropriate.

Finally, we're going to review a common scenario for screening where the screener is imbedded in the health form that is administered by paper and pencil. Most commonly this form is given to the patient when they register and is completed before the patient is brought to the treatment room.

In this case I'm playing the role of the registrar. Generally, the patient would present, pay his or her copay and the registrar would then say something like this.

Q: Okay, thank you, Mrs. Smith. We usually get all of our patients to complete a health survey once a year to make sure we don't miss anything important. Would you be able to complete it?

A: Well I have some trouble reading because my vision is poor but my husband can help.

Q: Oh, sure that'll be fine. Please, have your husband read questions and answer them to the best of your ability and when you're done, please, bring the form and the clipboard back to the desk.

And here, of course, the registrar would hand the clipboard with the health survey attached to the patient.

In summary, the way we introduced to the health form to the patient destigmatizes it by emphasizing the form is given to everyone and it engenders patient engagement by explaining the form's purpose by asking if the patient is willing to complete the form.

I'd like to thank you for watching this Enhanced Bite Size Learning. If you have any questions or comments, my information is on the slide, feel free to contact me.