

The 10 Building Blocks of Primary Care

“Ask Tell Ask” Sample Curriculum

Background and Description

“Ask-Tell-Ask” is the first skill taught in the Health Coaching Curriculum and is the foundation of Health Coach training. “Ask-Tell-Ask,” is a collaborative communication method that includes asking patients open-ended questions and assessing their existing knowledge before sharing information.

The central message of “Ask-Tell-Ask” is the paradigm shift from a directive paradigm (telling patients what to do) to the collaborative paradigm (asking patients what they are willing to do and working collaboratively with patients). A collaborative and participatory relationship between the patients and the coach is one of the most successful factors in promoting healthy behaviors.

Instructions

Begin the training by leading a discussion on the importance and benefits of asking rather than telling and how telling can hurt the patient-coach relationship. Ask for volunteers to role play the ineffective “Tell-tell-tell” coaching style, and use the questions afterward to lead a discussion. Then divide the group into pairs and role-play “Ask- Tell-Ask,” followed by a discussion. Use the prompts to role play using ask-tell-ask.

UCSF Center for Excellence in Primary Care

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Acknowledgments

The UCSF Center for Excellence in Primary Care would like to acknowledge the following individual for her contribution to this work: Tom Bodenheimer, MD and Amireh Ghorob, MPH.

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Collaborative Care: Ask-Tell-Ask

Why Ask?

We ask questions to find out what patients:

- feel and think about their health
- are ready or not ready to do about their health
- know and want to know about their health
- experience as barriers and challenges

If we want patients to participate in their own care - which we do - then we have to ask questions. By asking patients about their thoughts and feelings, we are asking them to participate in their care plan. In this way, patients become engaged and are more likely to take action to improve their health.



Asking helps reveal obstacles patients encounter when trying to work on their health. Why is the patient not active? What are the difficulties with taking medications? If we don't ask, we can't identify the barriers that patients are struggling to overcome. Once we know what the barriers are, we can help the patient identify solutions to overcome obstacles to wellness.

What to Ask?

Coaches can ask patients:

- Right now, how important is it to improve your health?
- What is your number one health concern?
- What makes it difficult for you to take care of your health?
- What do you believe you can do to improve your health?
- How can I help you improve your health?

Telling Can Hurt

Most of the time, telling patients what to do leads to frustration for both the patient and the care team. When patients are told what to do, they can feel powerless, stupid, or scared. They may resist or shut down and agree with a plan they may not be able to do or believe in. A patient, who doesn't follow the non-collaborative care plan, may be considered difficult or noncompliant. **Patients who collaborate in making their own care are more likely to adhere to the care plan.**

Imagine your patient, Mary, whose HbA1c is 11.5 tells you she is not taking her medication. You begin to tell-tell Mary, "You have to take your medications, or you may have a heart attack or stroke..." If you had asked Mary, "What is the reason you are not taking your medications?" you would know she has lost her job and insurance, and can't afford food, much less paying for medication. Not only have you wasted time by telling but also you have missed a crucial moment to build trust with Mary.

When do we tell?

We tell after we ask. The coach begins by asking a question. If the patient needs more information, the coach will tell the patient. To make sure the information was clear, the coach would close the loop – ask the patient to retell you the information. (You will learn how to do this in later sections.)



For example, the coach asks a patient with a high HbA1c who wants to work on lowering their sugar, "What is HbA1c?" If the patient does not know, the coach explains. After telling, the coach asks questions to find out if the patients understood the information. "Can you tell me what you learned about HbA1c?"

Exercise 1: Be a Bad Coach

Let's practice Tell-Tell-Tell.

First, pick a personal health issue that you have want to improve. Perhaps, you want to get more sleep or you want to spend more time in your garden.

Directions: Pair up with a partner. You and your partner will practice the tell-tell-tell.

1. The bad coach will ask their partner, "What do you want to work on?"
2. The bad coach will then ONLY tell:
 - a. Why engaging (or not engaging) in this behavior is risky
 - b. The benefits of changing (or starting) the behavior
 - c. How to change (or start) the behavior
3. **You have 3 minutes to be a bad coach.** Remember, you may only ask the question, "What do you want to work on?" and then you must tell-tell-tell. *Three minutes may seem like a long time to tell – because it is! We want you to feel uncomfortable as you only tell for four minutes.*
4. Switch roles and repeat directions above.

Discussion

- What technique did the coach use?
- How did Senora Romero feel?
- What should the coach do differently?

Key Messages

1. Using tell-tell-tell does not engage patients.
2. Make sure patients understand charts and health terminology by asking them to close the loop.
3. Ask patients about their goals and ask if they are motivated to work on their health.

Collaborative Coach

¹Coach: Would it be OK if we talk about your sugars or A1C now?

²Senora Romero: Yes, it's OK.

³Coach: What do you know about HbA1c?

⁴Senora Romero: Not much.

⁵Coach: That's fine. Let's go over it together. HbA1c or A1C tells you how well you are controlling your diabetes. Think of your A1C like a photo album of your average sugar for the last three months. Each picture in the A1C album is your blood sugar in the moment, like the number, a glucometer would give you. Just to make sure I was clear, what does HbA1c measure?

⁶Senora Romero: I think A1C is an album of my sugar. Is that right?

⁷Coach: Yes. And how many months does your A1C cover?

⁸Senora Romero: I think you said 1.

⁹Coach: The A1c measures your average sugar for 3 months.

¹⁰Senora Romero: That's right; it was a 3-month album.

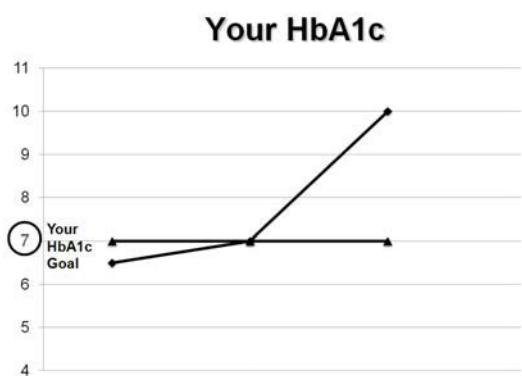
¹¹Coach: Why do you think we care about your A1c number?

¹²Senora Romero: I am not sure. I think you said it shows something about my diabetes.

¹³Coach: Yes! Your HbA1c number is another way to measure how your diabetes is doing. What do you know about your A1C number?

¹⁴Senora Romero: I think it is fine. I feel fine.

¹⁵Coach: I am happy you feel fine! We hope that you continue to feel good. Sometimes, your sugar can be high and you still feel good. One way to keep feeling great is to keep your sugars low. Let's look at this chart of your A1C together. Can you find your most recent A1C on this chart?



¹⁶Senora Romero: It's here [points to chart]. Ten.

¹⁷Coach: (points to chart) Right in April it was a 10. Where is your goal?

¹⁸Senora Romero: The flat line? It says seven.

¹⁹Coach: Yes, your HbA1c is 10 now. You want your HbA1c to be 7 or below to keep feeling good. What do you think about that?

²⁰Senora Romero: I was there in October. I don't know what happened.

²¹Coach: What do you think you were doing in last year to keep your A1C at your goal?

²²Senora Romero: I was exercising more. I remember I used to go on walks every day. That was when I could walk far.

²³Coach: That's great. Physical activity is one way to keep your A1C low. Is there anything else you were doing?

²⁴Senora Romero: Not that I can think of.

²⁵Coach: There are three things you can do to bring down your HbA1c – being active, healthy eating, and medications. Which one of those sounds like something you want to do to bring down your HbA1c from a 10 to a 7?

²⁶Senora Romero: Maybe, I can start walking again. It was too cold to walk in the winter so I stopped walking. I did like walking.

²⁷Coach: That sounds like a great idea. Maybe, we can make plan together to help you start walking.



The End

Discussion

- Refer back to line 1, what was the coach asking for?
- What was the coaching doing in lines 3, 5, 7, and 9?
- Look back to line 11, why did the coach ask Senora Romero this question?
- In line 15, how did the coach handle Senora Romero's beliefs about feeling good?
- Look at line 21, why does the coach ask this question?
- What is the coach giving Senora Romero in line 25?
- If you were the coach, how would you continue this conversation?

Key Messages

1. Ask permission to start a conversation
3. Ask what the patient thinks about their health
4. Ask questions to find out what the patient already knows
5. Tell the patient information in a way that is easy to understand
6. Gauge the patient's understanding by asking questions after you tell

Exercise 2: Practice Coaching

Directions: Pair up with a partner. Using the scenario below, you and your partner will practice the ask-tell-ask. Take turns playing the role of health coach and patient. You have 5 minutes to play each role.

Ms. Rojas, has diabetes and doesn't understand what high HbA1c means (HbA1c = 10). Her clinician has asked you, the health coach, to talk to Ms. Rojas after their appointment. Your role is to help her understand her diabetes and her HbA1c.

Exercise 3: More Practice Coaching

Recall the personal health issue you choose in Exercise 1.

Now, find the partner you were with for Exercise 1.

Directions: Use ask-tell-ask to coach your partner about the issue discussed in Exercise 1. You have 3 minutes to complete the exercise. Then, switch roles.