

access™

An allied health
industry journal



6 FOUR WAYS PATIENTS CAN
ADVOCATE FOR THEMSELVES

26 MOTIVATIONAL INTERVIEWING IS
CHANGING THE CONVERSATION

34 THE EVOLUTION OF HEALTH
SCIENCE IN HIGH SCHOOL

nha 

IN THIS COMPLEX HEALTHCARE
ARENA, ONE CONSTANT REMAINS

OUR TRUE NORTH
EXISTS IN THE
RELATIONSHIPS
WE FORM



DEAR READER,

The ever-changing world of modern allied healthcare has become a dizzying array of increasing regulations, complex guidelines, shifting payment structures, quality metrics and increased scrutiny from all directions. It's no wonder so many healthcare professionals are feeling the strain. With our feet in two opposite worlds, we are held to expanding quality measures but still reimbursed based on volume. Add to our daily tasks an unforgiving and slow electronic health record, burnout lurks just around the corner, leaving many individuals to wonder if the joy of healthcare has disappeared.

While healthcare workers might have been coached to previously take emotion out of the healthcare equation, now we're seeing that patients, employees and students need our compassion just as much as they need our knowledge. When we strive to see things through a different set of eyes, we can begin to come alongside that individual to meet specific needs, help them communicate more effectively, empower them to help themselves and provide an overall better experience not just for them, but also for ourselves. We are people serving people, not brains serving bodies.

I am pleased to share the second edition of National Healthcareer Association's (NHA) *access™* journal. We hope the stories and research within this issue of *access™* helps shed light on the evolution taking place in allied healthcare. We hope you can glean some insight from the successes and challenges of healthcare students, educators and professionals around the country, and that these pages inspire you to move forward with fresh thinking that rekindles the love of your education, profession or practice.

Craig Grimes, MD

***Work Flow/Team-Based Care Primary Care Award Recipient,
North Shore Physicians Group***



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From Doctor to Dying Patient



HOW A ROLE REVERSAL REVEALED THE HEALTHCARE SYSTEM'S WEAKNESSES TO A CRITICAL CARE PHYSICIAN

Contributor: Rana Awdish, MD

Sometimes all it takes is one moment.
One singular space in time to completely
turn your life upside-down.

Dr. Rana Awdish completed her medical training at Wayne State in 2002. She then completed her residency at Mount Sinai Beth Israel in New York and went on to a fellowship training at Henry Ford Hospital. She had been serving patients for six years and was in the final day of her fellowship when one unfathomable instant changed everything.

Building relationships and tending to emotion ...that is where the magic happens.

A tumor in her liver ruptured. Within two hours, she was going into multisystem organ failure and losing the child she had carried for seven months.

During this critical time, the way she was treated shocked her. She couldn't believe what the doctors and care providers said about her health. It was as if she wasn't in the room. At one point, she heard them say, "Guys! She's circling the drain here!" Can you imagine hearing your life being put into those terms?

For the next six months, Dr. Awdish would recover under the care of others who were similar to who she was before becoming a patient. And what she learned through her journey on the other side was that we — the medical community — are failing our patients.

"That immediate transposition, from critical care physician to dying patient, made visible to me the things I hadn't been able to see," Dr. Awdish says. "I saw things about us, physicians and other medical providers, that I might not have wanted to see."

Since transitioning back from patient to caregiver once again, she's made changes to her approach. She currently serves as the Director of the Pulmonary Hypertension Program at Henry Ford Hospital and was recently named Medical Director of Care Experience for the entire health system.

Dr. Awdish strives to improve the patient experience across the system and speak on patient advocacy at healthcare venues around the country.

We had the opportunity to sit down with Dr. Awdish about what she learned through her tragedy, and what she hopes will change in the medical community moving forward.

A COMMONALITY AMONG PATIENTS

"As a patient, I felt completely disempowered. I realized that, as a physician in my own institution, I was, at least in theory, an empowered minority. I was someone who had a voice, some measure of authority and personal agency.

“I HAD TO REEXAMINE HOW I COULD BE AN INSTRUMENT OF HEALING IN THE WAY MY PATIENTS NEEDED ME TO BE. I FOUND A HUMILITY THERE, IN BEING PRESENT FOR MY PATIENTS, HONORING THEIR STRENGTH, ASKING GENEROUS QUESTIONS AND LEARNING THEIR FEARS.”

Yet, as a patient, I didn't feel at all empowered to be vocal about my needs or fears. I thought about how voiceless you become, in many ways, just through illness.

And, perhaps more importantly, I realized that, if I felt that way, then the experience was far more common than I had understood it to be.

Once I framed it that way for myself, I felt a responsibility to admit the ways in which my own system had in many ways failed me because, if it was failing me, then it was bound to be failing others. What about people who don't have the medical vocabulary or the foundation of knowledge about what is going on in their body? What about those who don't know the people in the room or the roles they are meant to play? Medicine is a black box for so many.”

SYSTEMS HAVE DISINCENTIVIZED HUMAN INTERACTION

“It is an unfortunate truth that we disembodify doctors and expect them to somehow transcend that handicap and be present in their bodies, empathic and connected.

Physicians who have had to learn to disengage from their own emotions to function naturally divert their gaze around the emotions in the room. And not being able to tend to your patients' emotions, not feeling like a healer, can be incredibly isolating. The system is configured to produce a predictable product, and the product is then tasked with roles it is not trained to manage. We then place people in dysfunctional systems, systems that have disincentivized human interaction.”

AS PATIENTS, WE SHOULD ADVOCATE FOR OURSELVES

**4 WAYS PATIENTS CAN
ADVOCATE FOR THEMSELVES
ACCORDING TO DR. RANA AWDISH**

1 **Bring A Friend**

**CONSIDER BRINGING AN EXTRA
PAIR OF EARS FOR ESPECIALLY
HIGH-STAKES APPOINTMENTS**

2 **Make A List**

**WRITE DOWN QUESTIONS,
CONCERNS AND ISSUES TO BE
ADDRESSED AHEAD OF TIME**

3 State Your Fears

**BE DELIBERATE AND DIRECT AND
MAKE SURE YOU UNDERSTAND THE
ANSWERS YOU'RE HEARING**

4 Find Your Community

**JOIN A LOCAL PATIENT SUPPORT
GROUP OR AN ONLINE FORUM**

PATIENTS NEED US TO ENTER THE DARKNESS

"I had to reimagine what kind of physician I would be when I returned to medicine. I had to unlearn. I had to reexamine how I could be an instrument of healing in the way my patients needed me to be. I found a humility there, in being present for my patients, honoring their strength, asking generous questions, learning their fears. I found inhabiting the role of 'humble Sherpa' felt much more authentic and right to me than any sort of perceived authority. I knew the path, through sickness, and I could map it, warn them of pitfalls and the traps. The thing is, I knew all of those things before, too. I just didn't know how much our patients needed us to light their way, and in turn, how much we needed them.

So it may sound strange to LEAN IN to the suffering, but that's exactly what we need to do. With all of the conflicting missions facing physicians, it can be easy to abdicate the ones that feel 'additional' or 'burdensome' like building relationships and tending to emotion. But that is where the magic happens. That's where we find our purpose.

I didn't know that by spending time in the dark spaces with them, that it would deepen our relationship and that it would be there that I could truly participate in their healing process. That they would let me into a far more cohesive and trusting relationship, one that would open channels of compassion and empathy that were reciprocal. That bidirectional transfer of knowledge is a form of caring. That in serving them in their time of greatest need, we would each help the other find meaning and purpose in the midst of suffering. My patients held the answer to the question of purpose and resilience. But it wasn't where I was expecting it to be, it was in the darkness."

UNLIKELY HEROES MAKE ALL THE DIFFERENCE

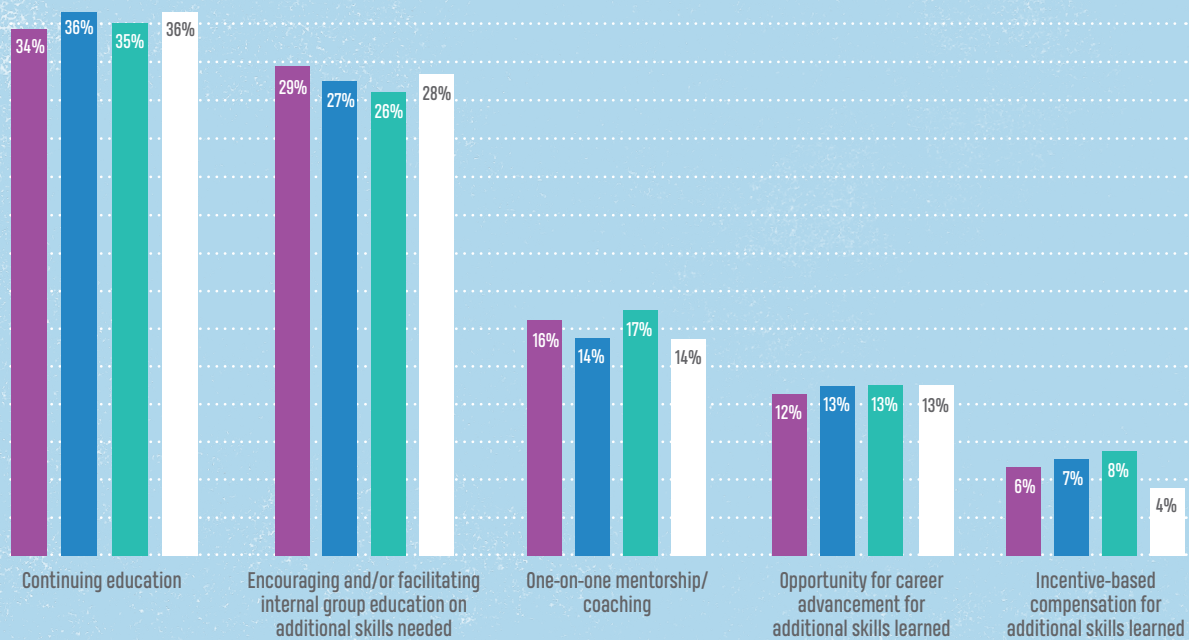
“There is so much each of us can do, regardless of our role on the team. Inspiring confidence in our patients, seeing their suffering and attending to it on a very human level is so meaningful. During my hospitalization, I found some

unlikely heroes, like the transporters. One gentleman who took me to radiology heard me break down when I was asked about my baby, whose little wristband was still attached to my chart. He took it upon himself to tell his colleagues and others not to ask about her. Radiology techs started to throw a lead blanket over my sleeping husband when they would come into the room to

take a portable X-ray. They figured out on their own it was kinder than waking a man who was sleeping only a few hours a night. The parking attendant who saw me come in day after day to visit my child in the NICU [Dr. Awdish went on to have a second child after the tragic loss of her first], didn’t know any more about me than what he saw as part of his job, and yet his words made me feel

Allied health professionals impact patient care

EMPLOYERS ARE DEVELOPING ALLIED HEALTH PROFESSIONALS IN MULTIPLE WAYS



Medical Assistants

Pharmacy Technicians

Patient Care Technicians

Billing & Coding Specialists

he saw my suffering. He simply stated, 'I see you come in every day, and you don't leave until after my shift ends. I sure hope whoever you're visiting comes out of this OK.' These kindnesses matter."

Dr. Awdish's mandate, as well as her passion, is to improve the patient experience across the healthcare system. She has special interest in improving empathy through connection and communication, and

travels throughout the U.S. to lecture to physicians, healthcare leaders and medical schools. It is her hope that the medical community can learn from her patient experience and put compassion back into healthcare.

"The system is broken, but the people are good," Dr. Awdish proclaims. "And we must, as humans, meet each other and treat each other with kindness and compassion, regardless of the circumstances."

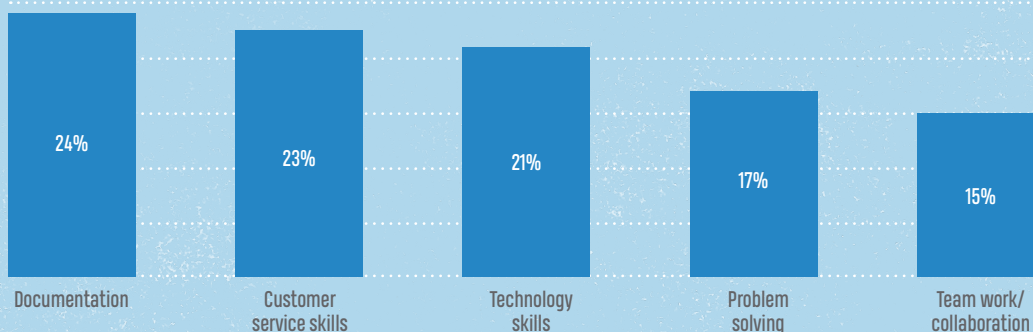
Dr. Awdish shares her experience in her book, *In Shock: My Journey from Death to Recovery and the Redemptive Power of Hope*. In this first-hand account, she sheds light on the true experience as a critical care patient and the fatal flaws of today's patient care.

To learn more about Dr. Awdish's story, visit her website at www.ranaawdishmd.com.

EMPLOYERS ARE USING THREE METHODS TO IMPROVE AND DEVELOP SOFT SKILLS



THE MOST VALUABLE SKILLS IDENTIFIED BY EMPLOYERS FOR SURVEYED ALLIED HEALTHCARE PROFESSIONALS





Preparation & Dedication: A **Winning** Combination

A CASE STUDY FOR SETTING A
NEW STANDARD FOR LEARNERS

Contributors: Robert Curran, D.C. and Hannah Weinstock



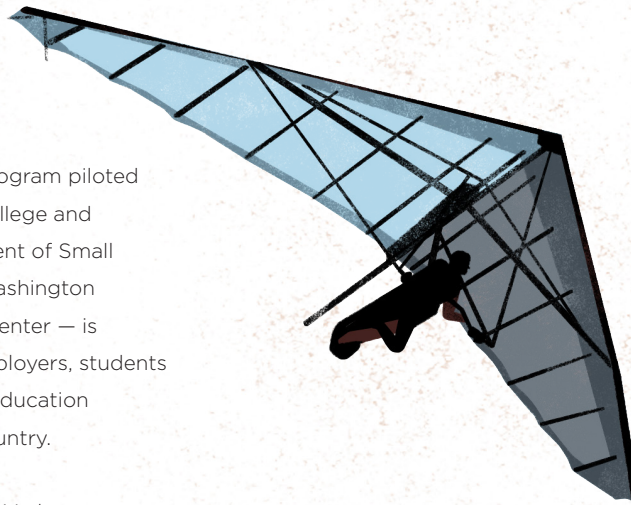
The wild success of a new program piloted by LaGuardia Community College and its partners — NYC Department of Small Business Services and the Washington Heights Workforce Career Center — is catching the attention of employers, students and medical assistant (MA) education programs throughout the country.

A total of 40 immigrant New Yorkers graduated from LaGuardia's first English Language Learners Medical Assistant Training Program with an astounding 100 percent pass rate on not just one, but three National Healthcareer Association (NHA) exams — medical assisting, phlebotomy and EKG. These highly successful students wouldn't have been able to complete a typical MA program. Likely, they would have had to take a couple years of English classes, then decide on a career path and hope something worked out.

But at LaGuardia, the new program combines advanced English curriculum with workforce training programs, creating a more accelerated path to employment that benefits the students, the school, employers and ultimately, patients.

Students with barriers to employment are gaining access to quality education. Employers are hiring bilingual MAs with the technical skills, soft skills and cultural knowledge they are seeking. And patients are getting better care thanks to MAs who speak their native language.

"As patient care providers, we want and need accurate information," says Dr. Robert Curran, Clinical Coordinator, Medical Assistant Training. "When patients are talking to staff in their native language, the providers will get the most accurate information, things won't get neglected and nothing gets lost in translation."





**THE DEDICATION
OF THE STUDENTS
THROUGHOUT THE
PROGRAM WAS
REALLY INSPIRING**

KEYS TO THE PROGRAM'S SUCCESS

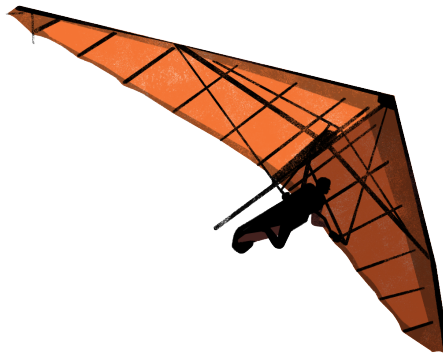
LaGuardia attributes its success to everyone involved — partners, staff, the employers they spent so much time talking to and, perhaps most notably, the students.

“The dedication of the students throughout the program was really inspiring,” Dr. Curran says. “There was almost zero lateness and zero absence which is unheard of in any program I’ve ever been affiliated with.”

The students are prepared with NHA materials, and Dr. Curran says the coursework is “NHA-guided and employer-informed,” as they spend a great deal of time talking to employers to determine what will make them hire one graduate over another; what they actually need in the always-changing field.

HOW THE PROGRAM IS STRUCTURED

Instead of just taking English classes, the students’ English coursework is contextualized for medical assistant training. The more technical medical assistants training is gradually woven in, but it is all treated as one cohesive curriculum rather than separate programs. Cultural competency, conflict deescalation and patient-centered quality care are also addressed, so it’s much more than just hard skills that are covered.



“A BIG TAKEAWAY FOR THOSE INVOLVED IN MA PROGRAMS IS TO UNDERSTAND THE NEEDS OF BOTH THE STUDENTS AND THE EMPLOYERS, AND IMPLEMENT CHANGES BASED ON THOSE FINDINGS.”

WHY EMPLOYEES & PATIENTS BENEFIT

Medical assistants who are bilingual and have both the hard skills of medical assisting and soft skills like cultural competency are very attractive to employers, especially in a city like New York City, where just 51 percent of the population speaks English at home.

“It makes the patient feel more comfortable and helps them understand that their concerns are going to be addressed, which is what I want as a provider and it’s what the employers tell us is in demand,” says Dr. Curran.

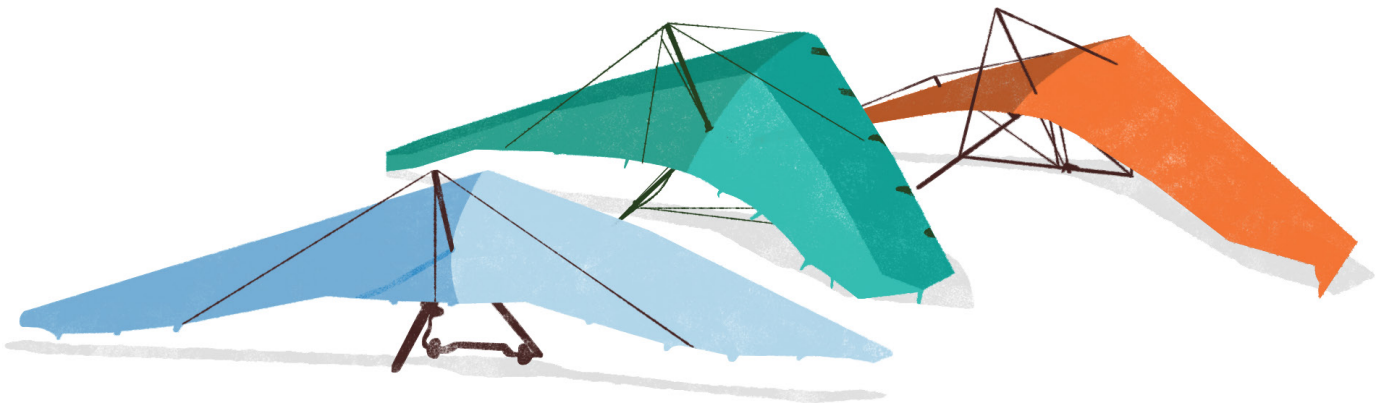
INSIGHTS FOR ALL MA PROGRAMS

A big takeaway for those involved in MA programs — not just those that serve English language learners — is to understand the needs of both the students and the employers, and implement changes based on those findings.

“Sometimes as educators we get so busy or we just do things the way they’ve always been done and we don’t realize that things have changed in the industry,” says Hannah Weinstock, Executive Director, Workforce Development Division of Adult and Continuing Education. “You have to update your curriculum, you have to be out there talking to employers.”

Dr. Curran also says that employers appreciate the NHA certifications on the graduates’ resumes. “NHA has been a very reliable partner in healthcareer training for many years. It is a standard that employers look for in a graduate. It’s an organization that employers recognize immediately.”

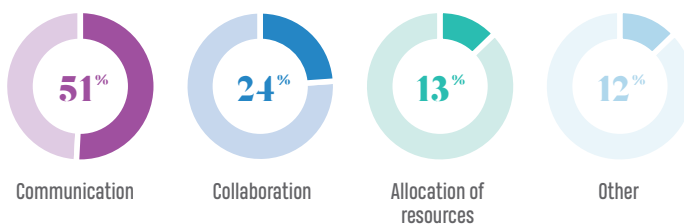
Please note, NHA exams and preparation materials are only available in English.



Research — The Educator & Employer Relationship

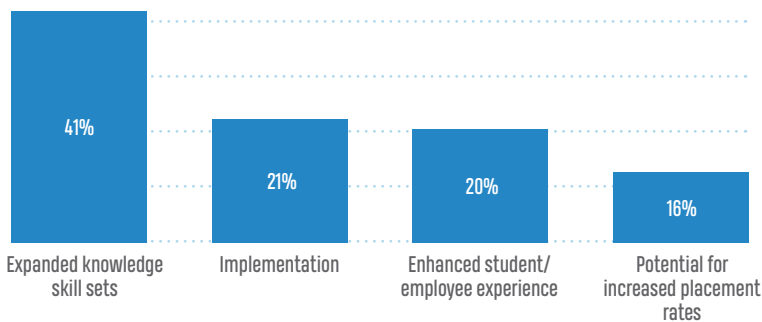
95% OF EMPLOYERS AND EDUCATORS BELIEVE THERE IS VALUE IN A COLLABORATIVE RELATIONSHIP

ACCORDING TO EMPLOYERS, GREATER COLLABORATION AND COMMUNICATION ARE CRITICAL TO IMPROVING THEIR RELATIONSHIP



UNDERSTANDING THE VALUE OF RELATIONSHIP

Employers were asked: Which of the following is valuable regarding relationships and collaboration with educators?



**“INDUSTRY
LEADING
RESEARCH THAT
ADVOCATES FOR
ALLIED HEALTH
PROFESSIONALS
& PATIENTS”**



This issue of *access*™ features research generated from a study conducted from a large sample size of employers and educators to discern current and emerging trends regarding the education and training of allied health professionals. This quantitative survey found extraordinary importance in certification, owing much to the credibility and to additional skills imparted by the self-study and examination process. Employers are seeking health professionals with abilities in customer service, critical thinking, time management,

communication and documentation. Employers experience pressure to increase wages of these professionals and to recognize their desire for advancement. They also envision a mutually beneficial relationship between employee and employer, also confirming previous research that healthcare employees view this relationship as a reciprocal exchange, where they provide greater commitment when such commitment is likewise demonstrated to them. National Healthcareer Association (NHA) understands the importance

of strong research that can stand up to the rigor of peer review. Such research — beyond mere guesswork or even semi-sophisticated polling — can help to attract the best professionals into health careers, devise curriculum format and delivery, design patient interventions and advance advocacy efforts that elevate the quality of healthcare.

NHA has invested in industry leading research — research that is reliable, applicable and is translated in a way that can empower the allied health professional to put it into immediate action, ultimately helping them access a better future and helping patients receive the best care possible.

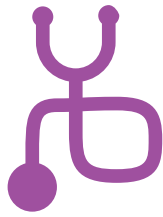
As healthcare moves toward a more patient-centric model and as the roles of health professionals continue to evolve, the need for solid research will become that much more apparent. The research throughout this publication was conducted to advocate for allied health professionals — and ultimately for the patients they serve.

Shane P. Desselle, RPh, PhD, FAPhA
Professor of Social and Behavioral
Pharmacy at Touro University California
College of Pharmacy



MEDICAL ASSISTANT

(CCMA)



BLS CAREER PROJECTION

29% GROWTH THROUGH
2026

THE TOP 5 MOST VALUED SKILLS IN MEDICAL ASSISTANTS ARE:

- 1** Customer service skills
- 2** Patient communication
- 3** Documentation
- 4** Team work/collaboration
- 5** Patient education

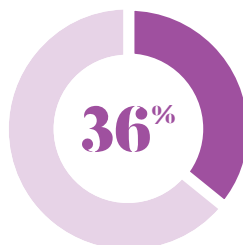
WHAT TRAINING RESOURCES AND TOOLS ARE YOU CURRENTLY USING IN CONTINUING EDUCATION FOR MEDICAL ASSISTANTS?

Employers:

Daily mentoring, conferences, educational comps, on-the-job training

Educators:

Writing and diversity classes, live simulations, inter-professional training and workshops



36% of employers indicated the level of responsibility for medical assistants is increasing.

Responsibilities could include:

- Clerical duties
- Maintain medical records
- Assist the physician in medical procedures

ACCORDING TO EMPLOYERS, THESE ARE THE TWO SKILLS INCREASING IN IMPORTANCE

#1

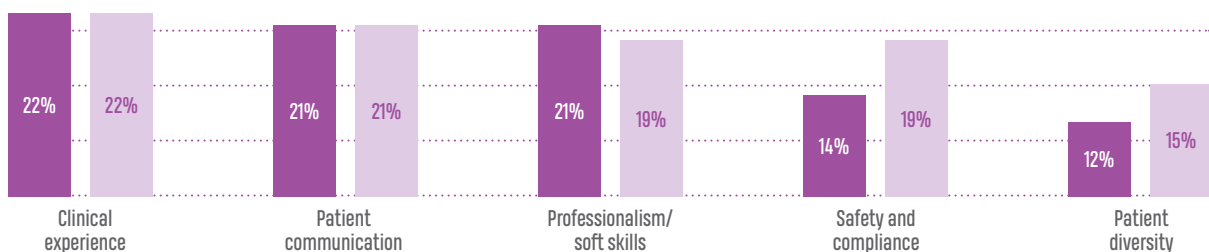
Customer service

#2

Problem solving

EMPLOYERS & EDUCATORS RATE THE SKILLS MEDICAL ASSISTANTS NEED TO DEVELOP

Employers Educators



STACKED CREDENTIALS:

When choosing to stack credentials, CPCT/A was the chosen certification to stack alongside CCMA. (NHA Certification Use Report, prepared for NHA by Ascend Assessment Sciences, April 2018.)

PHARMACY TECHNICIAN

(CPhT)



BLS CAREER PROJECTION

12% GROWTH
THROUGH
2026

THE TOP 5 MOST VALUED SKILLS IN PHARMACY TECHNICIANS ARE:

- | | | | | |
|-------------------------|---------------|-------------------------------|-------------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| Customer service skills | Documentation | Medication therapy management | Team work/collaboration | Patient communication |

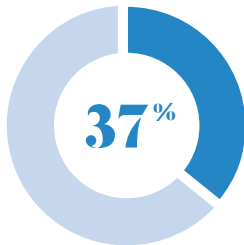
WHAT TRAINING RESOURCES AND TOOLS ARE YOU CURRENTLY USING IN CONTINUING EDUCATION FOR PHARMACY TECHNICIANS?

Employers:

Daily coaching, in-house training, preceptorship

Educators:

In-house webinars, mentoring, online tutoring



37% of employers indicated the level of responsibility for pharmacy technicians is increasing.

Responsibilities could include:

- Quality improvement
- Advanced medication systems, including "tech-check-tech"
- Law and regulation knowledge

ACCORDING TO EMPLOYERS, THESE ARE THE TWO SKILLS INCREASING IN IMPORTANCE

#1

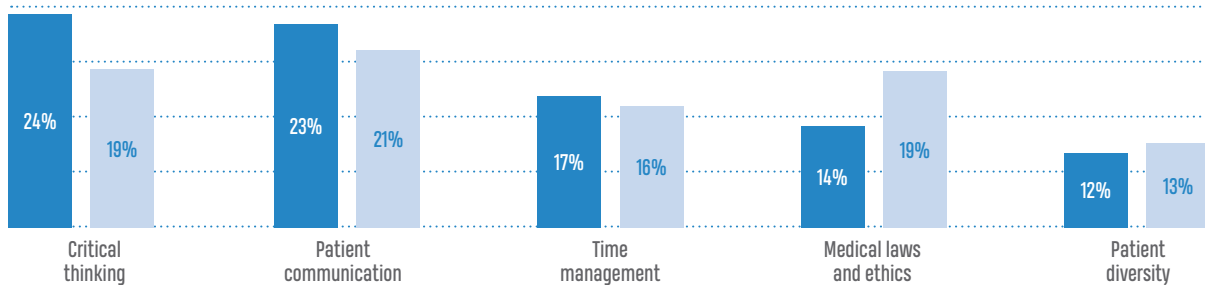
Customer service

#2

Patient communication

EMPLOYERS & EDUCATORS RATE THE SKILLS PHARMACY TECHNICIANS NEED TO DEVELOP

■ Employers ■ Educators

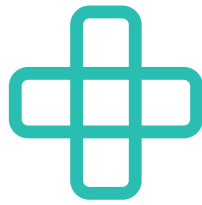


STACKED CREDENTIALS:

When choosing to stack credentials, CPCT/A was the chosen certification to stack alongside CPhT. (NHA Certification Use Report, prepared for NHA by Ascend Assessment Sciences, April 2018.)

PATIENT CARE TECHNICIAN

(CPCT/A)



BLS CAREER PROJECTION

11% GROWTH
THROUGH
2026

THE TOP 5 MOST VALUED SKILLS IN PATIENT CARE TECHNICIANS ARE:

- | | | | | |
|------------------|---------------|-------------------------|-------------------|-----------------|
| 1 | 2 | 3 | 4 | 5 |
| Customer service | Documentation | Team work/collaboration | Technology skills | Problem solving |

WHAT TRAINING RESOURCES AND TOOLS ARE YOU CURRENTLY USING IN CONTINUING EDUCATION FOR PATIENT CARE TECHNICIANS?

Employers:

Computer-based learning, competency tests, conferences

Educators:

Class auditing, computer-based training, digital badging programs

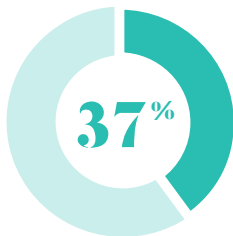
ACCORDING TO EMPLOYERS, THESE ARE THE TWO SKILLS INCREASING IN IMPORTANCE

#1

Customer service

#2

Patient communication



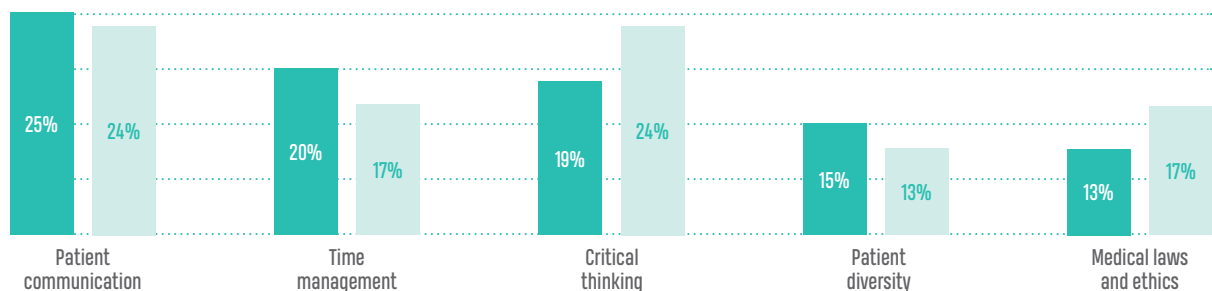
37% of employers indicated the level of responsibility for patient care technicians is increasing.

Responsibilities could include:

- Enhanced communication skills
- Familiarity with governmental billing and coding regulations
- Abstract patient information from medical records

EMPLOYERS & EDUCATORS RATE THE SKILLS PATIENT CARE TECHNICIANS NEED TO DEVELOP

■ Employers ■ Educators



STACKED CREDENTIALS:

When choosing to stack credentials, CCMA was the chosen certification to stack alongside CPCT/A. (NHA Certification Use Report, prepared for NHA by Ascend Assessment Sciences, April 2018.)

BILLING & CODING SPECIALIST

(CBCS)



BLS CAREER PROJECTION

13% GROWTH THROUGH

2026

THE TOP 5 MOST VALUED SKILLS IN BILLING & CODING SPECIALISTS ARE:

- 1** Customer service skills
- 2** Patient communication
- 3** Documentation
- 4** Team work/collaboration
- 5** Patient education

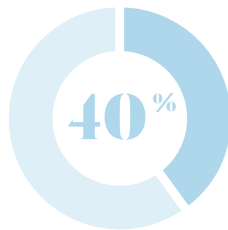
WHAT TRAINING RESOURCES AND TOOLS ARE YOU CURRENTLY USING IN CONTINUING EDUCATION FOR BILLING AND CODING SPECIALISTS?

Employers:

Daily mentoring, conferences, educational comps, on-the-job training

Educators:

Writing and diversity classes, live simulations, inter-professional training and workshops



40% of employers indicated the level of responsibility for billing and coding specialists is increasing.

- Responsibilities might include:
- Perform code audits
 - Analyze and resolve billing issues

ACCORDING TO EMPLOYERS, THESE ARE THE TWO SKILLS INCREASING IN IMPORTANCE

#1

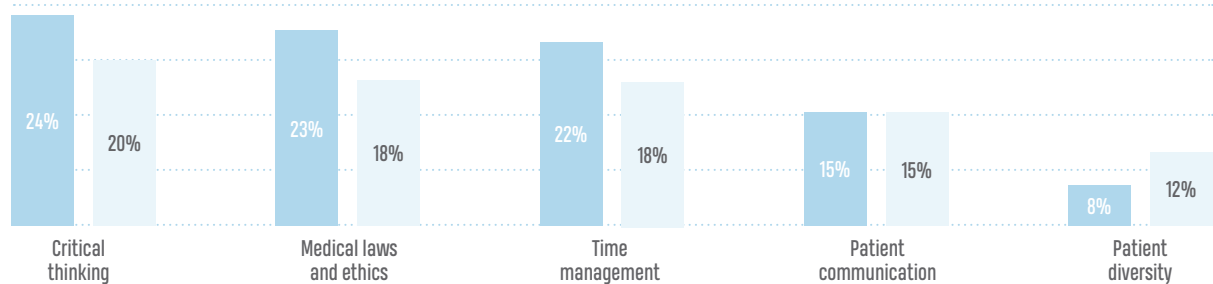
Customer service

#2

Documentation

EMPLOYERS & EDUCATORS RATE THE SKILLS CERTIFIED BILLING & CODING SPECIALISTS NEED TO DEVELOP


Employers Educators



STACKED CREDENTIALS:

When choosing to stack credentials, CCMA was the chosen certification to stack alongside CBCS. (NHA Certification Use Report, prepared for NHA by Ascend Assessment Sciences, April 2018.)

THE COMMUNICATION TECHNIQUE THAT **EMPOWERS** PATIENTS TO HELP THEMSELVES

A stylized, geometric mountain range graphic in shades of teal and blue, located in the bottom right corner of the page. The mountains are composed of various triangular and polygonal shapes, creating a layered, three-dimensional effect. The colors range from light teal to dark blue.

**MOTIVATIONAL INTERVIEWING
AND ITS IMPORTANCE TO
THE PHARMACY TECHNICIAN**

Contributor: Patricia Shane, Ph. D, M.P.H.

As healthcare professionals, we do all we can to try to help our patients. But we can't make our patients help themselves.

We can't will them to quit smoking. Or force them to stop being so sedentary. Or make them prioritize sleep. And sometimes, an inner drive from the patient to make lifestyle changes is what is necessary in order to provide the lasting healing they need.

Although we can't make lifestyle changes for them, we can help them arrive there on their own through a technique known as motivational interviewing.



What Is Motivational Interviewing?

Motivational interviewing (MI) engages patients through **collaborative conversation**. Instead of making demands of patients, patients can begin to make demands of themselves.

This **person-centered** approach addresses the common, but often unspoken, problem of ambivalence about change. It is designed to **elicit and explore** the person's own reasons for change within an atmosphere of **acceptance and compassion**, and can strengthen an individual's own **motivation and commitment** to make healthier, adaptive changes — especially behavioral or lifestyle changes.

8 Stages of Motivational Interviewing

While it may at first sound simple, developing proficiency in using and adapting this approach usually takes practice and evolves over time. The stages featured here summarize the eight stages of learning motivational interviewing.

William R Miller, PhD & Theresa Moyers, PhD

1 Overview

Openness to a way of thinking and working that is collaborative rather than prescriptive. Willingness to suspend an authoritarian or expert role.

WHEN & WHERE IS IT USED?

Treatment modalities ranging from addiction to complex medical care have seen success with motivational interviewing, which originated in a counseling context. Especially situations where patients are not necessarily in agreement about the need to change an unhealthy behavior, i.e. addiction problems with alcohol or other drugs. When evidence, information and education are simply insufficient to achieve improvement in a patient's health, motivational interviewing can make an impact.

A NEED FOR CHANGE

In the United States, chronic disease conditions and the health risk behaviors that contribute to them account for most of the nation's \$2.7 trillion in healthcare costs. The Centers for Disease Control and Prevention estimate that 86% of all current healthcare spending in the U.S. is for people with one or more chronic medical condition(s). Underlying these costs is the elevated risk contributed by unhealthy behaviors, which are considered preventable since these risks can be avoided. Four of these health risk behaviors — lack of exercise or physical activity, poor nutrition, tobacco use and drinking too much alcohol — cause much of the illness, suffering and early death related to chronic disease conditions and the resultant illnesses. Overall, modifiable risk factors are largely responsible for each of the leading causes of death. Current estimates indicate that chronic diseases account for as much as 70% of all deaths in the U.S.¹

THE EVOLVING ROLE OF THE PHARMACY & THE IMPORTANCE OF FOLLOWING MEDICATION REGIMENS

One of the changes taking place is the scope of pharmacy services shifting toward a greater emphasis on providing direct patient care and integration of pharmaceutical care. This shift in focus makes motivational interviewing even more valuable, and the Accreditation Council for Pharmacy Education (ACPE) and the American Association of Colleges of Pharmacy (AACCP) stress motivational interviewing as an essential skill for pharmacists and the delivery of pharmaceutical care.

WHY PATIENTS DON'T ACCEPT TREATMENT RECOMMENDATIONS

Traditional treatment approaches emphasize information and education as the key exchange between healthcare providers and patients. These approaches have an underlying assumption that patients are motivated to accept treatment recommendations.

And if patients always did what was suggested by their healthcare provider, there would probably be less repeat visits.

But patients are human. And their beliefs, values and preferences have a significant influence on whether or not they will follow a medication regimen and their capacity for persistence in relation to adherence. Their beliefs often conflict with the "best" medical evidence. What you might see as fact they see as something that's against what they believe in.

The answer is not to place blame on the patient. Blaming patients is a pervasive feature of medical encounters and can introduce mistrust — distancing patients from decisions that are not their own. The unintended consequences can negatively impact a patient's identity and self-respect, as well as their willingness to follow a treatment regimen.

2 Patient-Centered Counseling Skills (AROSE)

Proficiency in patient-centered counseling skills, especially being comfortable in the practice of open-ended questions, affirmations, summaries and expressing empathy.

3 Recognizing Change Talk and Resistance

Ability to identify the patient's "change talk" and verbal signals about movement in the direction of behavior change, or resistance to making changes.

4 Eliciting and Strengthening Change Talk

Ability to evoke and reinforce a patient's change talk. Applying the AROSE skills strategically.

**WORKING WITH PATIENTS
IN A WAY THAT IS
COLLABORATIVE RATHER
THAN PRESCRIPTIVE
HONORS THE PERSON'S
AUTONOMY, SELF-DIRECTION,
AND IS MORE ABOUT
EVOKING CONVERSATION
THAN AUTHORITATIVE
INSTRUCTION.**

If skillfully used, motivational interviewing can contribute to a much stronger therapeutic alliance by:

- Increasing a patient's engagement in their treatment.
- Reducing the potential for nonadherence.
- Encouraging patients to fully participate in decisions affecting their health.
- Non-judgmentally opening the conversation to consider their personal values and preferences — even if those values and preferences are at cross-purposes with the “evidence.”
- Explicitly acknowledging and addressing ways to resolve ambivalence.
- Encouraging behavior change to achieve better outcomes.²

Rolling with Resistance

Ability to respond to a patient's resistance while reflecting and respecting their position, rather than blaming or shaming.

Developing a Change Plan

Ability to recognize a patient's readiness and/or willingness to engage in working on a change plan that is appropriate to the patient.

Consolidating Commitment

Ability to increase the strength of the patient's commitment to change with intentions.

Working with patients in a way that is collaborative rather than prescriptive honors the person's autonomy and self-direction, and is more about evoking conversation than authoritative instruction. This involves a willingness to suspend an authoritarian or expert role, and to explore a patient's capacity rather than incapacity, with a genuine interest in his or her experience and perspective. It also acknowledges the importance of an informed, activated patient for self management. Oftentimes patients' capacity for self-management is fundamental to their ability to sustain adherence to a treatment plan.

We know that prescription medications are an essential component of treatment. But if prescription drugs are to fully realize their potential benefit and deliver improved health outcomes, then there needs to be better methods for ensuring that patients have the ability and support they need to actually follow the drug regimen in their treatment plan.

Unfortunately, overall, nearly 75% of adults are nonadherent in one or more ways, such as not filling a new prescription or taking less than the dose recommended by the physician.³

When adherence is poor, worsening conditions can result — especially for those with chronic conditions.

Improving Prescription Medicine Adherence Is Key To Better Healthcare:



Improving medication adherence through motivational interviewing will facilitate better patient involvement and support, enable shared decision making, establish a more trusting partnership with patients, entrust and empower patients to make good decisions and build a better basis for understanding patient needs from the patient's perspective. It can also help patients with chronic conditions develop new behaviors that address self-care and modify older lifestyle patterns of behavior.

Transition and Blending

Ability to blend the MI style with other intervention methods and to fluidly move between MI and other approaches.

Identify, reflect and connect your own practice experiences to motivational interviewing

As patients arrive at the pharmacy, the pharmacy technician may be the first person they meet. Motivational interviewing techniques have a valuable role to play in these experiences. Reflecting on ways to connect and incorporate motivational interviewing into one's own professional practices and work environment offers opportunities to gain a better therapeutic alliance with your patients and have a rewarding contribution to the growing emphasis on patient-centered care.

PUTTING IT INTO ACTION: KEY AIMS OF MOTIVATIONAL INTERVIEWING & TECHNIQUES

Motivational interviewing techniques involve establishing communication with (not to) patients and can ultimately shape a patient's response to medications, including adherence and persistence with therapy and lifestyle choices. Specifically, motivational interviewing:

- Shifts the discussion to a patient-centered rather than a disease-focused interaction.
- Systematically explores the ambivalence associated with a behavior.
- Better utilizes opportunities to discuss patients' health related behaviors — diet, exercise, smoking, alcohol use and self-management of health problems.
- Encourages patients to express their own reasons for concern with their lifestyle behaviors or their prescribed treatment regimen.
- Builds patients' intrinsic (internal) motivation to adopt and maintain treatment recommendations.
- Helps resolve patients' ambivalence about behavior change and strengthen his/her ability to take responsibility.

There are five micro-counseling skills (**AROSE**) that are helpful when using motivational interviewing and each one helps to keep the communication grounded in a patient-centered framework.

Affirmations — Statements that recognize and reflect the patient's strengths and efforts. These are used to rephrase a patient's concerns or self doubts as evidence of positive qualities. These are ways to support a patient's self efficacy.

Reflective listening — Conveying understanding, exploring a patient's concerns, eliciting change talk.

Open-ended questions — Avoiding questions that can be answered with a yes/no response; promoting collaboration; inviting patients to explore their thoughts and feelings about a health-related issue.

Summaries — Brief recaps that reinforce the patient's perception that his/her story has been listened to and understood as well as offering an opportunity to verify what has been said; highlight a patient's perspective on their own ambivalence about change.

Elicit change talk — Getting the patient to tell you what the priority problem is from their perspective.

1. *Chronic Diseases the Leading Cause of Death and Disability in the United States.* Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. June 28, 2017 <https://www.cdc.gov/chronicdisease/overview/index.htm>
 2. E.H. Wagner, B.T. Austin and M. Von Korff, "Improving outcomes in chronic illness", *Managed Care Quarterly* 4 (1996): (2) 12-25
 3. "Take as Directed: A Prescription Not Followed," Research conducted by The Polling Company. National Community Pharmacists Association December 16, 2006

The five guiding principles of motivational interviewing can be remembered using a mnemonic device: **READS**. These are sometimes referred to as the “spirit” of motivational interviewing and are the skills and techniques that are used in working with patients. These techniques help to ensure the encounter is experienced as caring and patient-centered.

Roll with resistance — Rather than confrontation or asserting authority, one affirms that the patient has the autonomy to make their own health-related decisions. The conversation moves fluidly, in step with the patient’s perspective.

Express empathy — Experiencing the patient’s world as if it were your own. It is different from sympathy, and involves earnestly trying to understand and reflect the patient’s experience of managing life with his/her condition.

Avoid argumentation — Accept and acknowledge negative statements, but don’t set up an oppositional position.

Develop discrepancy — Highlighting the difference between actual and ideal behavior or actual behavior and ideal values.

Support self-efficacy — Affirm the patient’s strengths and ability to be effective on their own behalf.



HEALTHCARE IN HIGH SCHOOL

A CASE STUDY SHOWING HOW TWO HEALTH SCIENCE PROGRAMS ARE LEADING THE WAY IN CAREER AND TECHNICAL EDUCATION

*Contributors: Beth Brown, Instructor
Masud Shamsid-Deen, Richardson ISD,
Executive Director of CTE*

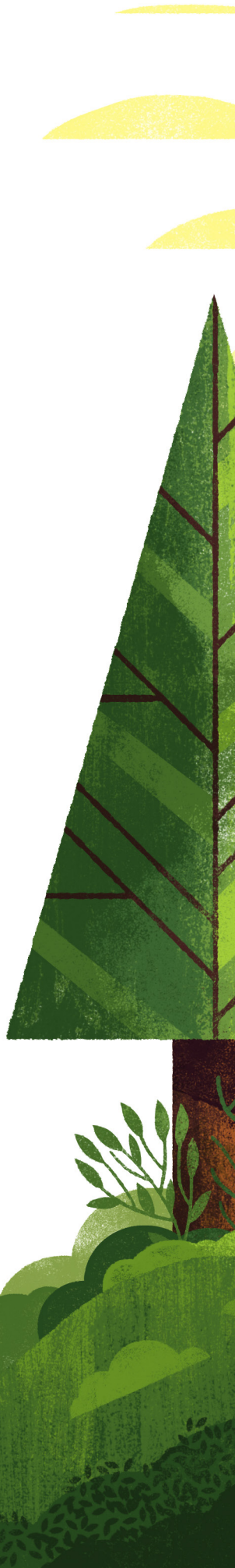
*Collie Wells, Interim Deputy State
Superintendent of Education,
Career and Technical Education/
Workforce Development Division*

Career & Technical Education (CTE) in high schools is gaining momentum, and it's easy to see why. It's been proven to reduce dropout rates, increase graduation rates and even increase the likelihood of graduates going on to further their education after high school.¹

Plus, the demand for healthcare continues to rise. Getting students career-ready earlier can help students gain employment upon graduation. And if they want to further their education, that job not only can help support their tuition, but can also give them real-world healthcare experience to help them on their career journey.

There's no arguing that CTE works, and that health science in high schools is needed. But what makes a health science program successful?

We're sharing two success stories — the Alabama Department of Education and Richardson Independent School District (ISD) — and revealing key takeaways from both programs that can be applied to high school CTE programs throughout the country.





BEST PRACTICES FOR CTE PROGRAMS

1 Understand the need
TALK TO EMPLOYERS TO DETERMINE WHAT THEY'RE SEEKING

2 Form partnerships
PARTNER WITH BUSINESSES IN THE INDUSTRY TO GIVE STUDENTS
MEANINGFUL, REAL-WORLD EXPERIENCE

3 Gain real-world experience
THROUGH SHADOWING OR BY SIMULATING A WORK ENVIRONMENT,
HELP STUDENTS UNDERSTAND WHAT HEALTHCARE IS REALLY LIKE

**4 Incorporate
soft-skills training**
HELP STUDENTS UNDERSTAND SOFT SKILLS SUCH AS EMPATHY,
TEAMWORK, TIMELINESS, ETC.

“WE’RE ALREADY SEEING AN INCREASE IN THE NUMBER OF STUDENTS WHO ARE WORKING TOWARDS CERTIFICATIONS AND CHOOSING HEALTH SCIENCE AS A CAREER PATHWAY.”

RICHARDSON INDEPENDENT SCHOOL DISTRICT:

Hospital Partnership Propels Success

In 2014, a group of leaders was tasked with putting together a strategic plan for CTE in the four Dallas-area high schools in Richardson ISD. They identified four key areas based on industry demand and health science.

Initially, the school district thought it would need to renovate or create new classrooms specifically for health sciences. But the President of Methodist Richardson Health System had another idea.

The hospital was undergoing its own construction and renovations, and would soon have some empty space in one of its medical buildings. Instead of having to create a space, the district received 7,000 donated square feet - and not just in any space - in an actual hospital. In fact, the building is still an active part of Methodist Richardson Health System, with doctors and patients regularly coming in and out. “I think one of the biggest benefits is that students are in a real-life hospital setting,” says CTE Advisor Beth Brown. “It gives them a sense of pride but it also exposes them to what the healthcare industry is all about.”

Not only are students getting to learn in an optimal healthcare environment, but they’re also getting to perform clinical rotations — shadowing healthcare professionals as they are helping real patients.

“That’s something that couldn’t be replicated at a school,” says Masud Shamsid-Deen, Executive Director of CTE.

Students complete their beginning coursework at their regular high schools. Once they progress to more advanced work, they are bussed to the hospital campus from their schools.

The program hopes to help these students find a career path in healthcare that best fits their strengths and interests — and to help them understand there are so many options that don’t require years and years of education as well as a lot of debt. “One of our goals is to open their eyes to all the many, many different careers in the healthcare industry,” says Beth Brown.

Masud Shamsid-Deen says that about 1,000 students are taking health science courses — a number that grew by about 200 in the last year alone.

“We’re already seeing an increase in the number of students who are working towards certifications and choosing health science as a career pathway,” he says. “Our goal is to have our students graduate not only with their diploma but also with a certification.”

ALABAMA DEPARTMENT OF EDUCATION:

A Holistic Approach to Career & College Readiness

When the Alabama Department of Education set out to improve their CTE programming, they started with research, gaining insights from businesses and industries to determine what employers are looking for or lacking in potential candidates.

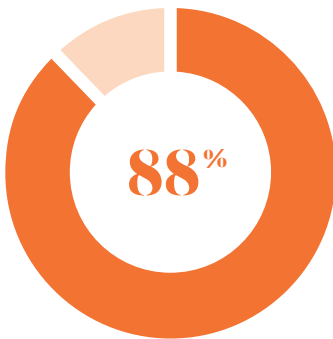
“We want to make sure that students who exit secondary career tech programs are actually prepared with skills that are going to help them get employed,” says Collie Wells, Interim Deputy State Superintendent of Education, Career and Technical Education/Workforce Development Division. “We started having lots of conversations with businesses and industries throughout

the state to find out, ‘What do you really need from potential employees? What are you missing? What are they lacking?’”

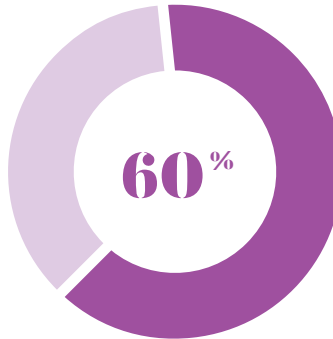
They learned from the Alabama Department of Labor that a big hiring challenge is finding candidates who can show up on time and have the ability to work in teams. To help combat this challenge — and ultimately to help students become qualified job candidates — they started emphasizing soft skills in curriculum.

Workplace environments are simulated in the classroom. Students even wear uniforms, punch a time clock, develop their own employee handbook, solve problems in teams and hold each other accountable for showing up. “Students are beginning to graduate with a very real understanding of the relevance of their coursework to employment,” Wells says.

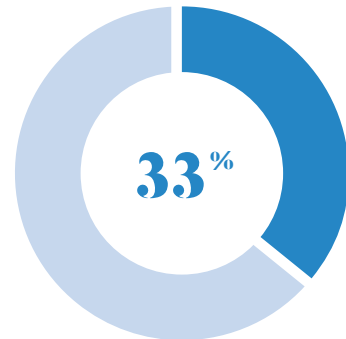
“WE ARE BEGINNING TO SEE A SHIFT WHERE COLLEGE READINESS AND CAREER READINESS ARE ONE IN THE SAME.”



More than 88% of CTE students are planning to continue on to post-secondary education*



6 in 10 students are planning to pursue a career related to the CTE area they are exploring in high school



Almost 1/3 of CTE students have the opportunity to earn college credit and/or an industry certification through CTE

But it's not just careers these programs are preparing students for. "We are beginning to see a shift now in Alabama where we are recognizing that college readiness and career readiness are one in the same," Wells says. For the students who go on to further their education, CTE can give them an advantage.

"I believe our biggest success is how well prepared our students are for the post-secondary programs," Lynne Shelton, an Alabama CTE teacher, shares. "They always report that they are miles ahead of the students that did not take advantage of or did not have the opportunity to take health science in high school."

It's clear the health science programs have been a success, whether students get jobs right out of school or work while furthering their healthcare education.

The student response has been great, and the state is receiving more requests for credentials than they can currently fund. "Credentialing really helps students to realize that they can be successful," Wells says. "The credentialing process that we're using helps students see success immediately in what they're studying and it really helps them once they get out of school and become employed to see the relevance of what they've studied in the real world."

Health science in high schools is helping meet the high demand for healthcare workers, giving students access to credentials and real-world experience that can set them up for success, ultimately leading to better patient care from qualified individuals.

THE TOP 3 SKILLS AND EXPERIENCES THAT STUDENTS REPORT GAINING IN THEIR CTE CLASSES ARE:**

1 Skills to help them get jobs in the future

2 Real-world experiences

3 The chance to work as part of a team



*ACTE Online. Readiness For All Careers Fact Sheet, February 2018

**ACTE Online. CTE Works. 2014 Results from a National Survey. Information provided by: https://www.acteonline.org/wp-content/uploads/2018/03/2014_NRCCUA_ACTE_Research_Report_Final.pdf

A WORD FROM OUR ALUMNI

“TO ME BEING A MEDICAL ASSISTANT MEANS THAT I AM NEEDED MOST IN THE WORKPLACE BECAUSE MEDICAL ASSISTANTS ARE SO VERSATILE AND CAN MULTITASK EFFECTIVELY.” – Katherine T., CCMA

**“I LOVE HELPING PEOPLE AND IN THIS CAREER I CAN DO THAT. MY JOB IS SUCH A BLESSING TO ME.”
– Amanda C., CCMA, CMAA**

“I just renewed my certifications again and I will keep doing it, no matter where or what I am doing. We never know what the future will bring and I am proud of having my certifications.” – Vani A., CPT, CET, CPCT/A

“I HAVE BEEN WORKING IN THE PATHOLOGY DEPARTMENT SINCE I RECEIVED MY PHLEBOTOMY AND EKG CERTIFICATIONS. THERE ARE NOT ENOUGH WORDS TO EXPRESS THE GRATITUDE AND APPRECIATION I HAVE FOR CHOOSING THIS FIELD. IT HAS BEEN A WONDERFUL EIGHT YEARS OF EXPERIENCE AND PATIENT CARE. THANK YOU NHA!” – IRENE E., CPT, CET

“Back when I went to school for medical billing and coding my teachers always told me to get certified ASAP because it can help open doors to better job opportunities, and it sure did. I have a full time job and an excellent certification to back me up.” – Laura P., CBCS

“I STARTED OFF AS A PHARMACY TECHNICIAN AT A PHARMACY IN FLORIDA. NOW, I WORK FOR A NONPROFIT ORGANIZATION THAT PROVIDES MEDICINE FOR THE HIV POSITIVE COMMUNITY REGARDLESS OF THEIR ABILITY TO PAY.” – BRINDIJA H., CPHT

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RESEARCH METHODOLOGY

Research in this industry survey was conducted via a third party research firm and constructed to assess the opinions of employers and educators concerning the professional outlook for medical assistants, pharmacy technicians, patient care technicians and certified billing and coding specialists. This survey was in market November 8-15, 2017.

Audiences of professionals were either employers for or employees of educational institutions that instruct medical assistants, pharmacy technicians, patient care technicians or certified billing and coding specialists. The survey audience was split evenly between educators and employers and customers and non-customers. In addition, a screener question vetted out survey respondents who did not meet criteria.

ABOUT NHA

Since 1989, NHA has been partnering with allied health education programs, organizations and employers across the nation to award more than 750,000 allied health certifications. We offer eight nationally accredited exams, certification preparation and study materials; industry leading outcomes-based data analytics, as well as ongoing professional development and continuing education for certification holders.

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The background features a stylized landscape of rolling green hills in various shades of green, from light to dark. A single green leaf is shown falling from the right side of the hills. The sky is a light, textured greenish-yellow. The text is positioned on the left side of the page.

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