

C. RUNNING SMAs

8.0 Materials required on the day

On the day you will require:

- A whiteboard (or Butcher's paper + blue tack if this is not available). This can be stuck on the wall of the room to be used with the following lay-out (after permission from patients):

First name	HBa1C(or FPG)	BP	Tg	Wt	WC	Issues for today
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Other columns may be added depending on the group.

- Non-permanent white board pen (if using white board)
- Patients booked in and confirmed
- Confidentiality agreement

Optional

Tape recorder

Patient hand-outs if appropriate

9.0 The Roles of the Facilitator

- Do all the preparations for the group
- Warm-up the group for when the Doctor comes in
- Prepare patient records and record today's notes on the Clinic's Medical Record program (unless a specialist documenter is used).
- Set up the room for the Doctor, patients and Facilitator such that the Facilitator can keep medical records on the computer as well as control the group.
- Direct the Doctor to each patient and keep him or her on time.
- Signal the Doctor in a pre-arranged fashion as to when to come into the group session.
- Advise the Doctor when to leave the group.
- Control the group by politely interrupting patients who are dominating the discussion and bringing out those who may not have had a chance to talk.
- Arrange any post-clinic prescriptions, referrals etc.
- Carry out simple observations (e.g.. blood pressure) if necessary before the commencement of the group.

- Keep the process running smoothly by making it enjoyable to all (preferably with appropriate humour).
- De-brief the patients and Doctor and find out any things that need changing for next time
- Have hand-outs ready (if appropriate)
- Where possible have a summary of patient notes printed out for the Doctor and arranged in the order in which patients are likely to be seen
- Where a Medical Records program is not used, prepare a Word file on a lap-top computer with a page for each patient that can be put into records later.
- Keep medical records to a minimum so the Facilitator is not distracted from the main role of running (and possibly contributing to) the group.

10.0 Tips for Facilitators

- Don't say that you've read something somewhere – only speak up if you have information that is evidence-based
- Don't EVER disagree with the Doctor in front of the group – have it out with him or her in a de-brief later (continuous improvement de-brief)
- Know what you don't know – never interrupt on a topic where you can't cite evidence or direct experience for what you say.
- Check with the Doctor that it's alright to add information when you think you have something important to add.
- If people start to talk amongst themselves or disrupt the group, politely ask them to keep the conversation until later as they might be missing something.
- Try to keep the initial consultations on time to keep within the hour. If these first patients take too long, those at the end will be rushed and will feel cheated by not getting their share.
- If the occasion arises i.e. a patient has tried something that works for them, or has something unusual, ask the rest of the group if anyone else has done/had that and how they dealt with it.
- Roll with resistance – never get into an argument with a patient

Remember: “ *It takes many years for someone to find out how much you know, but only one sentence to find out how much you don't.*”

11.0 The flow of a typical SMA

- Patients book in and are reminded before the day
- Group is over-booked to allow for typical drop-outs (of 10-20%)
- Patients sign confidentiality agreements (this should be done before every group and kept on record)
- Facilitator starts writing records on the board and asks each attendee as they arrive if there is something s/he would like to discuss with the doctor today. This is then written alongside that patient's name on the board.
- Once the group is assembled the Facilitator explains the 'rules' of the group:
 - Turn off mobile phones
 - No talking to others during each consultation
 - Facilitator may interrupt a consultation/discussion to move the proceedings along
 - Arrangements for personal matters to be considered at another time
- If a Physical SMA, the Nurse will start individual measurements 20 minutes before the Doctor comes in as each patient enters the room and continues through the consultation until these are all done and entered on the board
- In the case of a Specialist SMA (weight control, quitting smoking etc.), the Facilitator may introduce topics to be discussed during that session and hand out special materials/equipment (such as a tape measure), even demonstrating how to take waist circumference measures etc.
- When this is complete, and on a signal the Doctor enters the room and begins personal consultations, beginning at a point decided by the Facilitator.
- The Doctor may need to get up and examine the patient, while the Facilitator keeps the group involved
- The Facilitator or Documenter records limited medical notes, prints a prescription if necessary or writes a referral, which can be picked up at the end of the session.
- After each consultation the Facilitator moves the doctor onto the next patient
- When all consultations are complete (1 hour max), the Facilitator asks if there are any more questions for the doctor before s/he has to go.
- The doctor leaves the room and the Facilitator continues the discussion or answers questions until everyone is satisfied.

12.0 Preparations

12.1 Before the day

(Done)

- Do all the preparations for the group
- Arrange a suitable room/venue
- Decide on model to be used
- Confirm availability with appropriate staff
- Decide on a date and time
- Get docs/staff to invite appropriate patients
- Get confirmation from patients through reception
- Overbook session (i.e. 15 to get 12; 9 to get 6)
- Book names and phone numbers (SMS's) into booking sheet
- Buy name tags/pen for writing on board/butcher's paper
- Get patient records to write on board
- Have patient hand-outs ready (if appropriate)

12.2 On the day

12.2.1 Pre-event

Arrive at least 30 minutes early:

- Get patients to sign confidentiality agreements before starting
- Set up white-board, butchers paper with first name and measures appropriate for the session e.g. HBA1C (for diabetes); Tg, BP
- Leave space for issues patient would like to discuss
- Arrange seating in semi-circle
- Arrange computer with patient records in centre of GP & Facilitator

- If possible have all patient records open on medical records
- alternatively have a list of last names to call up on screen as they are consulted
- Welcome patients into room and explain the process

A Typical Introduction

“Hi and thanks for coming to this Shared Medical Appointment. Can I first ask you to switch off mobile phones so we won’t be interrupted in this group. A Shared Medical Appointment is a new concept in medical care, which enables you all to contribute to the care of each other, with the help of the doctor. You’ll each get a chance to ask questions of the doctor individually, just like an ordinary medical appointment – except that there will be other people watching and listening and possibly also adding their experiences to your consult. I’ll be keeping the doctor on time, which means I’ll have to cut in if you talk too much and ask if we can move on. Hopefully any extra questions you want to ask will come out later or from someone else. I’ll also try to make sure that anyone who is a bit quiet gets their turn. The only thing I ask is that you listen to everything that’s going on – contribute if you like – but don’t talk to the person next to you or shift attention away from the main consultation. I’m sure you’ll find everything interesting and will learn a lot from each other.

So, let’s get the doctor in and get started.

12.2.2 Event

- (If nurse) Carry out simple observations (e.g. blood pressure) if necessary before the commencement of the group.
- Ask each patient if s/he has anything particular to talk about and write this on the board
- Warm-up the group for when the doctor comes in
- Signal doctor to enter the room when ready
- Record notes on the Clinic’s Medical Records program (unless a specialist documenter is used).
- Where a Medical Records program is not used, prepare a Word file on a lap-top with a page for each patient to be later put into Medical Records.
- Direct the doctor to each patient and keep him/her on time.
- Control the group by politely interrupting dominating patients and bringing out those who may not have had a chance to talk.

- Keep the process running smoothly by making it enjoyable to all (preferably with appropriate humour).

- Advise the doctor when to leave the room.

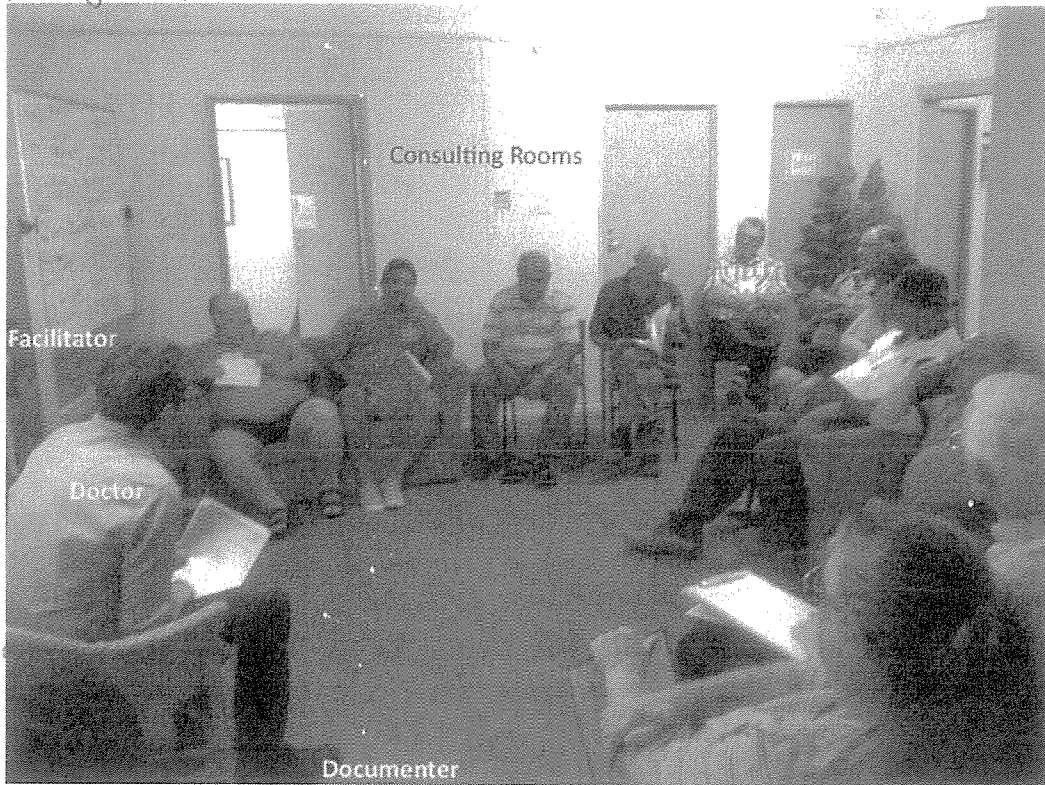
12.2.3 Post-event

- Arrange any post-clinic prescriptions, referrals etc.

- De-brief the patients and doctor (separately) to find out any things that need changing for next time

- Make contact with patients (if necessary) to provide extra materials discussed in group

would you attend another SMA
payment.



Seating arrangements in a typical SMA