**Chapter 5: Data Collection Techniques: Empathic Inquiry and Talk Story**

**Key Take-Aways:**
- Staff may feel reluctant to collect more data simply because they feel that it
  - be seen by the provider.
  - that time is not added
- By administering PRAPARE before the clinic visit, it ensures that time is not added
  - time to the clinic visit and helps ensure that information collected is accurate.
- While not necessary, having one person (whether a staff person, a student, etc.)
  - a better option than an acute crisis
- Using non-clinical staff can help provide additional time for staff to work with patients
  - to review responses to PRAPARE.
- Staff hand completed paper form of PRAPARE to non-clinical staff to administer.
- **Tips to Asking Sensitive Questions:**
- It is important to think of your clinic workflow to identify
  - that need to be developed or improved and community partnerships that
  - to be addressed in real time.
- However, care coordinators have many other care coordination
  - the social determinants of health.
- **Using Electronic Delivery Methods**
- Using self-administered approaches (e.g., patient portals, tablets, etc.)
  - and options for ways to respond to those needs (e.g., patient navigator,
  - referrals maintained in a community resource guide to particular staff that
  - and appointments, and/or provide resources to patients who are facing
  - and/or two hospitalizations within one year.
- **Using Clinical Staff**
- Staff to Providers)
- Use self-administered approaches (e.g., patient portals, tablets, etc.)
  - and options for ways to respond to those needs (e.g., patient navigator,
  - referrals maintained in a community resource guide to particular staff that
  - and appointments, and/or provide resources to patients who are facing
  - and/or two hospitalizations within one year.
- **Using Non-Clinical Staff After the Clinical Visit**
- Non-Clinical staff includes patient advocates and patient navigators, among others.
  - and options for ways to respond to those needs (e.g., patient navigator,
  - referrals maintained in a community resource guide to particular staff that
  - and appointments, and/or provide resources to patients who are facing
  - and/or two hospitalizations within one year.
- **Non-Clinical Staff Before the Clinical Visit**
- Non-Clinical staff identifies patients to administer
  - and options for ways to respond to those needs (e.g., patient navigator,
  - referrals maintained in a community resource guide to particular staff that
  - and appointments, and/or provide resources to patients who are facing
  - and/or two hospitalizations within one year.
- **Before Clinical Visit**
- Patient goes straight to the exam room.
- Front desk staff check-in patient and verify and/or
  - and options for ways to respond to those needs (e.g., patient navigator,
  - referrals maintained in a community resource guide to particular staff that
  - and appointments, and/or provide resources to patients who are facing
  - and/or two hospitalizations within one year.
- **During the Clinical Visit**
- Provider notified of any socioeconomic
  - and options for ways to respond to those needs (e.g., patient navigator,
  - referrals maintained in a community resource guide to particular staff that
  - and appointments, and/or provide resources to patients who are facing
  - and/or two hospitalizations within one year.
- **In the Waiting Room**
- Exam room
  - and options for ways to respond to those needs (e.g., patient navigator,
  - referrals maintained in a community resource guide to particular staff that
  - and appointments, and/or provide resources to patients who are facing
  - and/or two hospitalizations within one year.
- Social Services
  - and options for ways to respond to those needs (e.g., patient navigator,
  - referrals maintained in a community resource guide to particular staff that
  - and appointments, and/or provide resources to patients who are facing
  - and/or two hospitalizations within one year.
- **After Clinical Visit**
- **Using Clinical Staff**
- **Using Non-Clinical Staff**
- **Workflow Implementation**
- **Data Collection Techniques**
- **Empathic Inquiry and Talk Story**
- **Key Take-Aways:**
- **Using Clinical Staff**
- **Using Non-Clinical Staff**
- **Workflow Implementation**
- **Data Collection Techniques**
- **Empathic Inquiry and Talk Story**
- **Key Take-Aways:**
  1. **Tips to Asking Sensitive Questions:**
  2. **Using Electronic Delivery Methods**
  3. **Using Clinical Staff**
  4. **Using Non-Clinical Staff**
  5. **Workflow Implementation**
  6. **Data Collection Techniques**
  7. **Empathic Inquiry and Talk Story**
  8. **Key Take-Aways:**

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**Social Determinants of Health**

- Educating staff on the importance of the social determinants
  - developed to train their own staff. Common themes in the curriculums
  - meant to serve as samples to help
  - with staff and to use that time instead for dialogue and assessment around social
  - different ways. It is important to think of your clinic workflow to identify
  - that need to be developed or improved and community partnerships that
  - to be addressed in real time.

**PRAPARE**

- PRAPARE was reviewed by a health literacy expert and written in a
  - that need to be developed or improved and community partnerships that
  - to be addressed in real time.

**Tips to Asking Sensitive Questions**

1. **Tips to Asking Sensitive Questions:**
2. **Using Electronic Delivery Methods**
3. **Using Clinical Staff**
4. **Using Non-Clinical Staff**
5. **Workflow Implementation**
6. **Data Collection Techniques**
7. **Empathic Inquiry and Talk Story**
8. **Key Take-Aways:**

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**Workflow Implementation**

- Tips to Asking Sensitive Questions:
  1. **Tips to Asking Sensitive Questions:**
  2. **Using Electronic Delivery Methods**
  3. **Using Clinical Staff**
  4. **Using Non-Clinical Staff**
  5. **Workflow Implementation**
  6. **Data Collection Techniques**
  7. **Empathic Inquiry and Talk Story**
  8. **Key Take-Aways:**