**Warm Hand-Off Scenarios**

*Form groups of 3. Each person should choose a role: Medical Assistant, Physician or Observer. Read the information specific to your role then practice a warm hand-off. Observers should keep time and provide feedback. Rotate to another role until all 3 scenarios have been practiced and each person took a turn with a role.*

***Scenario 1***

**Your role is Medical Assistant Jaime.** You work with Dr. Shanti in her small 2-provider practice and, unless you are out sick, always work with Dr. Shanti. Mrs. Chu is your teamlet’s patient and you just finished rooming her. You spoke with Mrs. Chu yesterday on the phone and discovered she just lost her father 2 days ago. You spent about 7 minutes rooming Mrs. Chu, taking her history, asking about her medications, asking about her agenda for the visit, checking vital signs and discussing any care gaps. Mrs. Chu is overdue for a mammogram and colorectal cancer screening. She was happy to have you arrange for her mammogram, but was very concerned about the colorectal cancer screening, saying she really did not want to have to get a colonoscopy. You noted while taking her blood pressure that it was high. Mrs. Chu explained that her priority for the visit was a sore knee which she’d been dealing with for over a month. You could tell that Mrs. Chu was acting more subdued than usual and she admitted she was feeling very down because of her father’s death. You notice you are running about 15 minutes late due to a delay earlier, but have an open slot for the next appointment.

**Your role is physician Dr. Shanti.** You work in your own 2-provider practice with a long-term staff of 3 MAs and an office manager. Every day you work in a teamlet with Jaime, one of the Medical Assistants. She has just roomed your patient, Mrs. Chu and will be initiating a warm hand-off before you go into the room for the visit. You had an extra minute to check Mrs. Chu’s chart and noticed that she is overdue for routine labs. Also, you note that Mrs. Chu had struggled with depression in the past and looked up the name of the counselor you had referred her to a year ago. You also realize that a PHQ9 (depression screening) has not been done for Mrs. Chu in many years.

***Scenario 2***

**Your role is Medical Assistant Jaime.** You work with Dr. Shanti in her small 2-provider practice and, unless you are out sick, always work with Dr. Shanti. Mr. Green is your teamlet’s patient who is here for a poison ivy rash and you just finished rooming him. You spent about 7 minutes rooming Mr. Green, taking his history, asking about his medications, asking about his agenda for the visit, checking vital signs and discussing any care gaps. Mr. Green has pre-diabetes, back pain and an acute poison ivy rash, which he tells you is his most important concern. During his vitals, you find he has gained 7 pounds since his last visit. Also, in his medical record it is noted that he quit smoking 2 years ago, however, when you ask him about smoking he admits to “a few cigarettes a day.” Also worrisome is that while asking Mr. Green about his medications, he tells you he has a prescription for an opioid (Vicodin) from another doctor for his back pain. You see he also has an active opioid prescription from Dr. Shanti, so you suspect he could be taking dangerously high levels of opioids. You notice you are running about 15 minutes late due to a delay earlier, but have an open slot for the next appointment.

**Your role is physician Dr. Shanti.** You work in your own 2-provider practice with a long-term staff of 3 MAs and an office manager. Every day you work in a teamlet with Jaime, one of the Medical Assistants. She has just roomed your patient, Mr. Green and will be initiating a warm hand-off before you go into the room for the visit. You had an extra minute to check Mr. Green’s chart and noticed that he has an active prescription for an opioid for his back pain. You have just completed a training on opioids and learned that new research shows no improvement with opioids for the type of back pain Mr. Green is experiencing. You decide to talk with him about whether he’s using the opioids and create a plan to stop using them and refer him for physical therapy.

***Scenario 3***

**Your role is Medical Assistant Jaime.** You work with Dr. Shanti in her small 2-provider practice and, unless you are out sick, always work with Dr. Shanti. Mr. Longo is your teamlet’s patient who is here for a 6-month chronic care visit for diabetes and you just finished rooming him. You spent about 7 minutes rooming Mr. Longo, taking his history, asking about his medications, asking about his agenda for the visit, checking vital signs and discussing any care gaps. Mr. Longo explains that he’s going on a 7-day cruise with his wife for their anniversary and his priority is to come up with a plan so his blood sugars don’t get out of control. During vitals, you note Mr. Longo’s blood pressure is slightly higher compared to his last visit. Also, you learn that Mr. Longo has continued to take 1 type of diabetes medication that he and Dr. Shanti had agreed last visit to stop taking and replace with another. So, you suspect Mr. Longo might be inadvertently doubling up on his medications. He tells you he has been feeling dizzy a lot and his blood sugars are running low, but he’s not sure why. You see that Mr. Longo had his blood drawn last week including hemoglobin A1c. You notice you are running about 15 minutes late due to a delay earlier, but have an open slot for the next appointment.

**Your role is physician Dr. Shanti.** You work in your own 2-provider practice with a long-term staff of 3 MAs and an office manager. Every day you work in a teamlet with Jaime, one of the Medical Assistants. She has just roomed your patient, Mr. Longo and will be initiating a warm hand-off before you go into the room for the visit. You had an extra minute to check Mr. Longo’s chart and noticed that his results just came through for routine labs. You see that Mr. Longo’s hemoglobin A1c results are dramatically lower since his last visit, which is confusing since you told him to stop taking 1 diabetes medication and replace it with another. You also see that his blood pressure readings seem to run high when Jaime takes them, but then are normal when she re-takes them at the end of the visit, which you asked her to try doing last time.