# Accredited Visitor Training Program

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If you are completing Patient and Parent Matching Online Training ONLY, please go directly to page 62.
Introduction

**Program Objectives**

At the end of this accredited visitor training program, you should:

1. Understand the background and benefits of the Mended Hearts and Mended Little Hearts visiting programs.

2. Be able to identify visiting protocol.

3. Know what skills and behaviors are necessary to be an accredited visitor.

4. Understand good listening skills and barriers to listening.

5. Be able to identify ten things accredited visitors should do and ten things accredited visitors should not do.

6. Understand the steps to accredited visiting.

7. Understand how your background and beliefs can impact your feelings about others you visit.

8. Become aware of diversity issues in order to improve your visiting skills.

9. Know what privacy issues affect Mended Hearts and Mended Little Hearts, including how HIPAA impacts our visitors.
Welcome

Welcome to Mended Hearts and Mended Little Hearts online Accredited Visitor training program. This online program is one part of the training to become an Accredited Visitor.

Thank you for agreeing to be an Accredited Visitor. You are the core of the Mended Hearts and/or Mended Little Hearts program. You can be an integral part of a patient and/or a family’s healing because of your experience — you have been there. The cardiologists and surgeons can explain in great detail every aspect of a procedure, surgery and recovery, but you, as a patient, parent or caregiver, can give hope and inspiration by showing that one can lead a productive life after undergoing surgery or other heart procedures or having a child who has. You can also best relate to what the patient and family are experiencing.

The purpose of the Accredited Visiting Program is to support patients, caregivers, and families who are facing the diagnosis heart disease or of a heart defect in their child — they need to know that they are not alone and that there is hope in the midst of the crisis. The Accredited Visiting Program is needed because even well-meaning family and friends and compassionate medical staff may not be able to offer patients, caregivers and families the strength and comfort they need. By speaking with a trained patient or parent volunteer who has survived these same difficult situations, patients and parents in crisis can work through their overwhelming emotions as they focus on the vital medical decisions at hand.

The rewards are not all one-way though, because as an Accredited Visitor, you can receive tremendous joy from your visits. As an Accredited Visitor, you will have the opportunity to see the sparkle return to the eyes of the patient or family member. By making visits, you will know the true meaning behind our goals of “giving back and helping others” and “empowering families affected by congenital heart disease.”
Your Accredited Visitor Handbook includes an agenda and various handouts that will be used during today’s training program. If you haven’t already downloaded your Accredited Visitor Handbook, please do so now by clicking on this link.

If you have any questions about this program, please contact us at 1-888-HEART99 (1-888-432-7899), info@mendedhearts.org or info@mendedlittlehearts.org.
Exercise 1  Visitor Skills and Characteristics

What skills and characteristics do you feel are needed to make a successful accredited visitor *(please check all that apply)*?

- [ ] Understand all heart diseases or types of heart defect
- [ ] Communication skills
- [ ] Listening skills
- [ ] Organizational skills
- [ ] Confidentiality
- [ ] Speaking skills
- [ ] Time management skills
- [ ] Intuition

*Check your answers on page 53.*
Visiting Protocol

Below is some general protocol that all Accredited Visitors should heed followed by specific protocol for Mended Hearts or Mended Little Hearts Accredited Visitors.

**General Protocol**

- Wear badges, vests, or other clothing and items that designate you as an accredited visitor at all times. (This may vary by location.)
- Distribute ONLY approved Mended Hearts or Mended Little Hearts materials.
- Always invite the patient, parent, caregiver or family members to a support group meeting and ask if they would like to receive more information about Mended Hearts and Mended Little Hearts services. Be sure to collect email address and phone number if the patient, parent or caregiver would like to receive more information so you have a way to follow up with them. Follow up is a very important part of visiting and lets patients and families know you care beyond the visit.

**Mended Hearts Visiting Protocol**

**Who is visited?**

- Patients with heart disease and caregivers.

**Who can visit?**

- Members in good standing of Mended Hearts who are Accredited Visitors.
- All Accredited Visitors must attend annual re-accreditation training.
- Must be a heart patient. Caregivers may visit family members and caregivers if accompanied by a heart patient.
- Newly Accredited Visitors who have attended training. New visitors should be accompanied by an experienced Accredited Visitor until comfortable. These new visitors are evaluated during this time so they can receive the feedback they need to become the best Accredited Visitors possible.
Mended *Little* Hearts Visiting Protocol

**Who is visited?**

- Parents, caregivers and family members of children with heart defects and heart disease.

**Who can visit?**

- Members in good standing of Mended *Little* Hearts who are Accredited Visitors.
- All Accredited Visitors must attend annual re-accreditation training.
- Must either be a parent or caregiver of a child with a heart defect or heart disease or an adult who was treated for a congenital heart defect as a child. No children may visit. Grandparents of children with heart defects may only visit other grandparents.
- Newly Accredited Visitors who have attended training. New visitors should be accompanied by an experienced Accredited Visitor until comfortable. These new visitors are evaluated during this time so they can receive the feedback they need to become the best Accredited Visitors possible.

**Patient, Caregiver or Family’s Perspective**

To be a good Accredited Visitor, you will need to remember what the patient, caregiver or family is experiencing understanding that each person’s experience will be different. This does not mean dwell on this difficult time or become sad, angry or depressed, but remember in a detached way so you can have empathy for those you visit. Often people just want to know that others have walked in their shoes and truly understand some of what they are experiencing.

- What were your feelings when you, a loved one or your child was diagnosed with heart disease or a heart defect?
- What feelings did you experience when you, a loved one or your child had heart surgery or other hospital procedures?

Remembering how you felt allows you to feel more compassion and caring for those you visit even if your experiences were different. When you visit, try to look at the situation from the point of view of the person or people you are visiting.
What Makes a Good Visitor?

Listening Skills

Many people believe that if they can hear, they are good listeners. This is not true. Good listening skills take work and effort. We were given one mouth and two ears to listen more than we speak. Remember when visiting, people do not want to know what you know until they know that you care, and listening shows caring.

Active Listening

Active listening is a type of listening that often takes practice.

Active listening lets the speaker know that:

- I hear what you’re saying.
- I understand what you’re saying.
- I’m interested and concerned.
- I respect your thoughts.

Active listeners ask themselves:

- Do I have an agenda?
- Do I want to control the conversation?
- Have I asked questions where appropriate?
- Am I giving too much information about my own experience?
- Am I present with the person talking rather than somewhere else?
Learning to Be an Active Listener

You can learn the art of active listening. To be a good active listener, take the following steps:

1. **Be present with the person in mind, body and spirit**. Truly hear what the person is saying. This is the most important step in effective listening.

2. **Paraphrase what you heard the person say**. This focuses your listening and ensures clear, two-way communication. If your restatement isn’t quite on target, the speaker will usually clarify what he or she has just said.

3. **Reflect or describe what the other person seems to be feeling**. This helps to diffuse tension, acknowledge the speaker’s right to express feelings, and lets him or her know you are supportive (even if you disagree).

4. **Check for understanding**. This may or may not be needed. If you paraphrase and reflect and the person looks confused, you may want to ask, “Did I understand you correctly?” to see if you did understand.

Experts say we spend approximately 70% of our day communicating. By their calculations, 23% of that time is spent speaking, 13.5% reading, 8.5% writing, and an amazing 55% listening.

**Randy Frazier**, President of Frazier Communications
Barriers to Active Listening

Often, people think they are listening when they really are not. Whether they are planning their dinner menu, thinking about their own experiences, trying to concentrate on helpful things to say, or thinking that they are thankful that they are not in the speaker’s situation, they are not truly listening and focusing on the speaker. Because people can listen far faster than people can speak, there is some “dead time,” and it takes a lot of concentration to remain focused on the speaker. The following are some of the barriers to active listening that you will want to avoid:

**Interrupting.** This is probably one of the biggest barriers to active listening, but easy to do. Be sure the patient or family member is done talking before you begin. If you catch yourself interrupting, stop and let them finish what they were saying.

**Comparing.** Comparing yourself to the family member or comparing your situation to theirs prevents active listening. It is often hard not to think about whose situation is worse, whose doctor is better, who is more knowledgeable, etc., but try to avoid this.

**Planning.** Being preoccupied with what you are going to say before the person has finished speaking is natural to most people, but again, it prevents active listening.

**Filtering.** Hearing only certain topics and tuning out others is also common. People feel more comfortable with a topic they know about, but the patient or family may have concerns or need support in a different area.

**Judging.** Again, judging often comes naturally to people, especially when you visit a patient or family member who is doing or saying things you think are wrong. Remember that people are doing the best they can, and if they knew better, they would do better. Also, there is often more than one right way to do things.

**Daydreaming.** Allowing your mind to wander and not being fully present with the patient or the family is a barrier to listening. If you are preoccupied with things going on at home, work or in your personal life, you will not be able to be present. If at all possible, check all of your worries and concerns at the door to the hospital when you arrive.
**Debating.** Sometimes patients or family members will say something you feel is completely wrong. This does not invite you to argue with them. You might express a possible other point of view, but if they still don’t agree, drop it. People in the hospital often are scared, angry, confused and sad, and it is not a place to argue.

**Being Right.** Remember, you don’t have to have all of the answers. Often, there is no right and wrong — there are just different ways of doing things. Be open and allow for differences. As the saying goes, it is better to be kind than to be right.

**Placating.** Placating is automatically agreeing with all the speaker’s comments without actually listening. (You’re right..., Of course..., I agree..., Yes....) This can happen more often if you are in a hurry. Be sure to have time to visit.

**Mind Reading.** Trying to figure out what speakers are thinking and feeling prevents listening to what they are saying about how they feel. Avoid finishing people’s statements or jumping in too soon before the patient or family member has time to complete their thoughts.

**Remembering.** Dwelling on your own personal experiences instead of listening to the family member is a barrier to listening. Remember to provide empathy, but avoid going back into your trauma. Not everyone can visit families because it is too painful for some. That’s okay.

As stated, probably one of the biggest barriers to listening in general is interrupting. It is very difficult not to interrupt a speaker, particularly when you feel passionate about the conversation, and you want to make sure your thoughts are heard. However, wait until the other person pauses before speaking. This will ensure that the speaker feels heard and that his or her thoughts and feelings are important.
Exercise 2  Active Listening Scenarios

Of the following six scenarios, which ones do you think are examples of active listening? Mark “Yes” next to the ones you think are examples of active listening and “No” next to the ones that you don’t.

<table>
<thead>
<tr>
<th>Scenario 1</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Accredited Visitor is invited into the hospital room of Heart Patient</strong>. Heart Patient seems worried about recovery. Accredited Visitor speaks for 5 minutes about his recovery experience using very encouraging words in hopes that Heart Patient will be inspired.</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario 2</th>
<th></th>
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<tbody>
<tr>
<td><strong>After some initial conversation between Accredited Visitor and Heart Patient, Heart Patient tells Accredited Visitor that her biggest fear is that she will not be able to return to work and the her family needs her income. Accredited Visitor asks Heart Patient to tell him more about what she feels may prevent her from returning to work. After learning more about Heart Patients concerns, Accredited Visitor shares his fears about returning to work and how he was able to return to his job.</strong></td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario 3</th>
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</thead>
<tbody>
<tr>
<td><strong>During a visit with parents of a child who just had heart surgery, Mom lets Accredited Visitor know that she doesn’t feel she can manage since they have more surgeries in the future. Mom tells Accredited Visitor she just doesn’t know if she could handle another surgery. Accredited Visitor says she remembers feeling that way too and being so scared and then asked Mom if there is anything, in particular that makes the situation feel more unmanageable.</strong></td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
Of the following six scenarios, which ones do you think are examples of active listening? Mark “Yes” next to the ones you think are examples of active listening and “No” next to the ones that you don’t.

** Scenario 4 **
During a visit with Dad whose child is about to have surgery, Dad asks Accredited Visitor, a mom of a child who had surgery, whether she knows of resources to help families financially. Accredited Visitor tells Dad about her experience with her child’s surgery for several minutes, and tells Dad that they didn’t have financial issues so she does not know of resources.

** Scenario 5 **
Caregiver (wife) of Heart Patient expresses to Accredited Visitor that Heart Patient has been depressed since he learned he would have heart surgery. She tells Accredited Visitor that she is worried about his mental health. Accredited Visitor first asks if she is concerned that he might hurt himself, and Caregiver tells him she is not. Accredited Visitor then asks Caregiver to tell her more about Heart Patient’s behavior and her concerns about it. Accredited Visitor listens, asking questions only where necessary for clarity. Accredited Visitor then explains to Caregiver that depression is common among heart patients, and gives Caregiver more information about managing depression.

** Scenario 6 **
Parents of Child Heart Patient tells Accredited Visitor that they are worried about how the Heart Patient’s siblings will manage and worry that they will feel jealous and left out. Accredited Visitor asks about the ages of the siblings and how they feel about their brother having surgery. Parents tell Accredited Visitor their concerns. Accredited Visitor lets them know that this is a common concern for parents and provides them with information about caring for siblings.

See answers and more information on page 54.
Non-Verbal Communication

Non-verbal communication is often done unconsciously, but it reveals our emotions, attitudes and preferences. When visiting, try to become aware of non-verbal communication. Also, realize that non-verbal communication may vary with people from different cultural backgrounds.

Interactive Exercise 3

Look at these pictures, and choose a word that best describes the picture from the choices. Check your answers on page 56.

- Cheerful
- Closed
- Depression
- Mad
- Excited
- Thoughtful
- Angry
- Happy
- Tired
- Pleasant
- Cheerful
- Annoyed
- Worried
- Joyful
- Sad
- Loving
- Angry
- Surprised
- Frustrated
- Gloomy
- Peaceful
Non-Verbal Communication

Personal Space — When engaging in a conversation with another person, we tend to keep a specific distance from the person with whom we’re communicating. The invisible boundary that everyone creates is an expression of the level of intimacy that we have with the other person. The average personal distance varies from person to person and culture to culture. Many Americans are typically comfortable being at arm’s length when communicating with another person. By respecting personal space, you help others feel comfortable talking with you.

Eye Contact — Eye contact is a direct and powerful form of nonverbal communication. After smiling, eye contact is one of the most important nonverbal cues. If you maintain eye contact 85% of the time with those you visit, you’ll be perceived as an expert communicator. Eye contact conveys that you’re paying attention to the person. Use caution, though, and don’t gaze continuously and directly into the eyes. The point is to help the patients, parents or caregivers feel that you’re connecting with them, not staring them down.

Facial Expressions — Facial expressions communicate emotions and reveal the communicator’s attitudes. Certain facial areas reveal our emotional state. For example, eyes tend to reveal happiness, sadness or surprise. The mouth can also show happiness or surprise. This means that as an Accredited Visitor, you should take an interest in the facial expressions of those you visit. Often, expressions are a better indicator of the meaning behind the spoken words.
Posture — Open posture, which means uncrossed legs, arms or hands, says you are approachable and willing to interact. Arms drawn together across your chest, on the other hand, can suggest, “I’m closed to what you have to say.” Keeping an open posture will help the person you are visiting feel that you are open and willing to listen:

- **Stand tall**
- **Sit straight**
- **Avoid crossing arms in front of you**
- **Exude a feeling of optimism with your posture**

You also may find it appropriate to lean forward slightly so the person sees that you’re actively listening to what they are saying. A slight forward lean toward the speaker says, “I’m trying to get closer because I really want to hear what you have to say.” This forward lean is subtle and easily accomplished whether sitting or standing. This posture helps the patient, parent or caregiver open up to you and speak more honestly — and usually in a shorter time frame.

**Gestures** — Gestures are movements or positions of the hand, arm, body, head or face that express an idea, opinion or emotion. One of the most frequently observed cues is hand movement. Most people use hand movements regularly when talking.

The head nod is a useful gesture. As the patient, parent or caregiver speaks, nod occasionally. This simply means that you are listening and understand, not that you necessarily agree.
Accredited Visitor Training Program

Rules of Conduct

As an Accredited Visitor, I will follow these rules of conduct in my visits with patients, parents, families and caregivers.

I will:

1. Dress appropriately, according to the custom of the area. Some Accredited Visiting Programs have vests and badges that Accredited Visitors can, and should, wear to let the hospital staff and families recognize you as a Mended Hearts or Mended Little Hearts Accredited Visitor.

2. Visit for the benefit of the patient, family or caregiver, not for personal reasons.

3. Visit when I am feeling well physically and emotionally.

4. Respect the privacy, individuality and dignity of the patient and family.

5. Be positive, supportive, tactful, cheerful, considerate and responsive.

6. Be interested in the progress of the patient, child and family in the hospital and at home.

7. Be enthusiastic about hospital and medical care before, during and after treatment or surgery.

8. Be a good listener.

9. Cooperate with physicians, nurses and professional medical staff.

10. Strive to continuously improve my visiting skills.

11. Respect the spiritual, religious or non-religious beliefs of the patient, family or caregiver.

12. Protect the confidentiality of the patient and family.
As an Accredited Visitor, I will not:

1. Give medical advice or offer solutions to patient or family problems.
2. Be an advocate for surgery or any other kind of medical treatment.
3. Over-visit, either by staying too long or visiting too often.
4. Be judgmental about a patient, parent or caregiver’s physical condition or mental attitude.
5. Discuss medical costs or finances. Instead I will refer the patient or family to the social services department.
6. Place excess emphasis on my medical experiences or hospitalization or my child’s in relation to those of the patient or parent’s child.
7. Act as an advocate or representative for a particular hospital or medical facility.
8. Present myself as a paid counselor or hospital staff.
9. Make disparaging remarks about the patient or child’s medical team.
10. Wear strong perfume or cologne or have other strong odors, such as tobacco, on my person.
11. Express religious or spiritual beliefs to the patient and/or family.
12. Discuss the patient or child’s diagnosis or recovery outside of his or her hospital room.
13. Show your own surgical scars.

In certain situations an Accredited Visitor may need to be dismissed for cause, and his or her visiting privileges will be cancelled.
<table>
<thead>
<tr>
<th>Interactive Exercise 4</th>
<th>Rules of Conduct</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test your knowledge of Rules of Conduct with this True/False Quiz</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 1. <strong>To make a parent or patient know that you have experienced surgery too, you should show him or her your surgical scar.</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 2. <strong>Do not wear strong perfume or cologne when visiting patients and families.</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 3. <strong>You can share patient information with other visitors once you are in the hospital elevator.</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 4. <strong>Always stay at least 15 minutes when visiting.</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 5. <strong>Do not make any negative remarks about a patient or child’s medical professionals.</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 6. <strong>Continuously work to improve your visiting skills.</strong></td>
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<tr>
<td>T □ F □ 7. <strong>When asked, give the patient or family member medical advice.</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 8. <strong>Let the patient or family member know about all of the costs involved in their medical care.</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 9. <strong>Respect religious beliefs of patients and families even if you don’t agree.</strong></td>
<td></td>
</tr>
<tr>
<td>T □ F □ 10. <strong>Do not advocate for a specific medical procedure even if it is one you had great success with.</strong></td>
<td></td>
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</table>

**Check your answers on page 57.**
Steps for Visiting

The following are steps to Visiting using the acronym SUPPORTS.

**S**ign in or check in

**U**se discretion

**P**ermission to visit and to approach

**P**eople who are happy and encouraging

**O**pen a conversation

**R**espond to questions

**T**hank the patient, caregiver or parent

**S**ign out or check out

**S**ign In or Check In. First, learn and follow your hospital’s procedures when arriving. Some hospitals require visitors to sign in or check in. Others have visitors report to the nurses’ station that you are a Mended Hearts or Mended Little Hearts Accredited Visitor and that you are there to visit. Whatever your hospital’s check-in procedures are, be sure to follow them.
Use Discretion. Knock first and make sure you are not interrupting any private family moments or reports from doctors, surgeons or healthcare professionals. You can always come back later if it would be more appropriate.

Ask Permission. Introduce yourself and whoever is with you, and verify that you are visiting the right patient or family. Remain standing unless asked to sit. Never sit on the bed. If visiting a family with a child in the hospital, always ask permission to approach the child.

Be Positive. Explain that you have been through the same experience (or similar experience) and that you are there today to encourage them and to see if they have any questions. It is important to convey a positive attitude about getting through this experience. Also, remember your best role is that of a listener. Just being there and showing you care is sometimes enough.

Let the patient or family set the tone of your visit.

If, at any point, you get the feeling that the patient or family does not want you in the room, let them know that your Mended Hearts Chapter or Mended Little Hearts group is there for them if needed, and that you understand they do not wish to be disturbed at this time. Leave information (brochure or flyer) and leave the room.

Open a Conversation and ask open-ended questions. Try to get the patient or family to talk. You can do this by asking open-ended questions (questions that cannot be answered by a simple “yes” or “no”). If you are having trouble getting a conversation started, you can ask them a few questions such as:

- When did you find out about your heart disease? OR
- When did you find out you would need a heart procedure? OR
- When did you find out your child would need surgery? OR
- When did you find out about your child’s condition? OR
- Let the patient or family know that you have been in the same kind of situation and ask, “What questions do you have?”
Be sure to practice listening skills. Active listening helps people feel like talking.

Remember to include all family members in your conversation. For Mended Little Hearts visits, remember, when talking to a family, that it is often the mothers who are more willing to share information and ask questions. Be sure to try to include the father also.

Be sure to keep your visit brief and to respect visiting hours. Also remember to be respectful of doctors, nurses, and other hospital staff.

**Respond to Questions.** Ask the patient and/or family if they have any questions, and then let them know that they may contact you, your chapter or group at a later time if they think of anything. Be sure to respond with encouragement and a positive attitude.

**Thank the Patient or Family.** Thank the patient or family for their hospitality and let them know how to reach the Mended Hearts chapter or the Mended Little Hearts group if they have any other questions. Hand them a brochure or other information. If you have a heart pillow or care package for them, give it to them before you leave. Ask them if they would be like to be contacted by Mended Hearts or Mended Little Hearts, and be sure to take down their information if they agree to be contacted.

**Sign Out or Check Out.** Again, know the hospital’s procedures regarding checking out or signing out. Be sure to fill out a **Visiting Record**. Some chapters and groups leave records at a designated secure location at the hospital. Talk to your Visiting Chair or Coordinator to determine what the procedures are at your hospital.
Visiting Examples

Please print out the form on page 25 to record your observations while you are watching the video(s). Depending on whether you are training to be a Mended Hearts or a Mended Little Hearts Accredited Visitor, you can watch the applicable video ONLY, or watch them both if you would like to.
Visitor Observations

After viewing one of the two visiting videos, write your observations below.

Things the Accredited Visitor did well:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Things the Accredited Visitor could improve upon:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
Interactive Exercise 5

Things to Remember

Test your knowledge with this multiple choice Quiz.

1. What is the ideal length for a visit?
   a. 2 minutes
   b. 5 minutes
   c. 30 minutes
   d. It depends

2. How often should you visit a patient, caregiver or family?
   a. Twice a day
   b. Once a day
   c. Once a month
   d. It depends

3. If I feel like I am getting burnout, I should…?
   a. Continue to visit because the patients and families need me.
   b. Take a break from visiting until I am in a better place and can be positive when I visit.
   c. Visit more often to work through the burnout.
   d. Quit visiting forever because I obviously can’t handle it.

4. How often should an Accredited Visitor visit patients or families in the hospital?
   a. Every day
   b. One day a week
   c. One day a month
   d. It depends

5. How involved should you get with a patient and/or their family?
   a. I should buy things for the patient and family that they need.
   b. I should try to learn what the patient likes and bring it when I visit.
   c. I should have empathy but remain emotionally uninvolved with the patient and family.
   d. I should avoid caring for the patient and family because I could get hurt.

Remember that Accredited Visitors must follow the Rules of Conduct and avoid any conduct that is disruptive to the patient, family or medical staff.

Check your answers on page 57.
Tips on Visiting Patients and Families

Common Concerns of Patients, Family Members and Caregivers

1. Recovery time
2. Nutrition
3. Resources
4. Pain management
5. Developmental milestones
6. Physical limitations
7. Stress/anxiety management
8. Medications
9. Immunization
10. Risk of catching illnesses from others

A patient’s attitude is a major factor in his or her recovery, and the parent and family members are a major factor in the recovery of a child. Remember that each patient and family is unique. Patients are often worried about life after a heart procedure or surgery. Families are usually frightened by the responsibility of caring for a child with a heart defect or heart disease. As an Accredited Visitor who has experience with heart patients and/or children with heart defects, you can draw on your experience and discuss the concerns you had after your heart procedure or in caring for your child as you answer the patient or family’s questions.

Remember, always refer patient, parent or caregiver to:

- The doctor for answers to all medical questions.
- Social Services at the hospital for answers to any financial or insurance questions.

Also, remember to:

- Encourage the patient, parent or caregiver to speak with the hospital dietitian about proper diet, menu resources, and what foods and cooking methods to avoid.
- Encourage the patient, parent or caregiver to speak with the doctor about physical abilities and limitations.
Accredited Visitor Training Program

• Encourage the patient, parent or caregiver to follow through on recommended exercises, physical therapy, rehab or occupational therapy.

• Encourage the patient, parent or caregiver to visit the doctor with a list of concerns and questions for the medical professionals

• Recommend that the patient, parent or caregiver call their doctor or the child’s doctor for advice on any questions they may have about their welfare or their child’s welfare. The doctor is working FOR the patient and family and would want to be kept informed of any possible problems.

The Importance of Follow Up

Following up with patients and families is vitally important for Mended Hearts and Mended Little Hearts. Patients and families need to know that Accredited Visitors care about the patient or child’s recovery and that there are resources and support available to them. Patients and families should receive a mailing, email or a phone call (or all three) from the Accredited Visitor inquiring about the patient or child’s recovery. The patient or family should be invited as a guest to a chapter or group meeting. In addition, ask the patient, caregiver or family member if he or she would like to receive information from the national organization about health tools, educational materials, webinars, awareness events and other information they may find helpful.

What are your chapter or group’s procedures for following up with patients, caregivers and/or families? If you don’t know them, please ask your Visiting Chair or Coordinator.
Follow Up Procedures

As an accredited visitor you are required to know your chapter's or group's procedures for following up. Use the space below to write your procedures.
The Mended Hearts, Inc. Adapted Universal Precautions

Mended Hearts and Mended Little Hearts visitors must be accredited or in training in an authorized accrediting/reaccrediting course. Accredited Visitors referred to in these precautions are either Accredited Visitors or trainees who are completing the observation session(s).

**Blood & Body Substances** — Accredited Visitors must assume that all blood and body substances from all patients are potentially infectious. Don’t focus precautions only on patients diagnosed with infectious diseases.

**Hand Washing** — All Accredited Visitors should know the importance of hand washing. Hand washing is still recognized as the most important way to prevent the spread of infection, and Mended Hearts and Mended Little Hearts must ensure that Accredited Visitors wash their hands immediately or as soon as possible after each patient contact. Accredited Visitors must wash with soap and running water for at least 20 seconds after each contact with a patient.

An over-the-counter hand sanitizer may be used to clean hands between contacts if the label lists alcohol as the first ingredient or has it as at least 50% of the ingredients. An Accredited Visitor may use a hand sanitizer 2 or 3 times before a thorough hand washing needs to be performed. The process may be repeated. Use caution about daily use of the sanitizer because it can damage skin cells. Hand washing is the most effective method to prevent spread of infection.
Isolation — Accredited Visitors should check for an appropriate isolation warning on a patient’s door. This alerts the Accredited Visitor to stop before entering and to inquire at nurses’ station. Accredited Visitors may not enter the rooms of patients where any kind of infectious control is being practiced.

Personal/Family Illness — If the Accredited Visitor, or a member of their family, including children and grandchildren, has an infectious disease, the Accredited Visitor may not visit in the hospital until the Accredited Visitor is sure that he or she is well.

Miscellaneous — Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a potential for exposure to infectious disease substances.
Privacy Considerations and HIPAA

HIPAA — Privacy Standards

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996. As part of the Act, Congress called for regulations promoting administrative simplification of healthcare transactions as well as regulations ensuring the privacy and security of patient information (Department of Health and Human Services). The regulations apply to what are called “covered entities”:

- Healthcare providers
- Health plans
- Healthcare clearinghouses

Any transmittal of health information in electronic form in connection with a transaction is covered under HIPAA. The regulations are made up of three parts:

- Transactions standards
- Privacy
- Security

Mended Hearts, and therefore Mended Little Hearts also, is mainly affected by the privacy regulations.

Privacy Regulations: The privacy rules govern the release of individually identifiable health information, specifying how health providers must:

- Provide notice of privacy policies and procedures to patients
- Obtain consent authorization for use of information
- Tell how information is generally shared
- Inform patients about how to access, inspect, copy and amend their medical records.

The privacy rules became effective in April 2001; their compliance deadline was April 14, 2003.
Steps You Can Implement

Be active in understanding and complying with your healthcare entity’s policy regarding HIPAA — Privacy Standards.

• Become familiar with the healthcare entity’s policy and follow their rules.
• Accredited Visitors may be asked to sign a confidentiality form.
• Avoid discussing the patient, child or family’s information anywhere where it might be overheard.
• If you have personal patient or family information in writing, make sure that others cannot read it. Cover it up if you are in public areas.
• Any personal medical information you receive as a Mended Hearts or Mended Little Hearts volunteer may be discussed only with the patient and the family.

Frequently Asked Questions

1. How can I visit if I don’t know a patient’s medical condition?
   a. You don’t need to know the condition ahead of time for an effective visit. Knowledge of what it feels like to be a heart patient, a parent or caregiver is enough.

2. How can I share patient information with other visitors without violating privacy?
   a. You can share patient information with others who will be visiting a patient or family where you can’t be overheard so long as you ONLY share information necessary for their visit.

Please note that privacy violations may affect your entire visiting program in a hospital, and therefore, cannot be permitted.
Diversity Awareness

As an Accredited Visitor, one difficult thing you may experience is visiting patients and families that make different choices or behave differently than you would in the same situation. It can be very hard not to judge others in these situations, particularly when you feel strongly that there is a right way to behave or a right choice they should make. For example, a patient may refuse to have a certain treatment or a parent may refuse a certain treatment for their child due to religious beliefs. That may be upsetting to you because you know the patient or child needs the treatment to survive. Remember, our job as Accredited Visitors is to show support and give hope; it is not to help patients or families with medical decisions or to suggest a course of action. All accredited visitors must accept differences and understand that what is “right” for you may not be right for others.
Every one of us has differences and similarities. Differences can be more visible and can be based on things like race, culture, age, lifestyle, socio-economic status, weight, fitness, etc., or they can be less visible like education level, religious beliefs (which can also be visible), political beliefs, family makeup, etc.

The goal of this Diversity Awareness section is to explore some current trends in the U.S., to look at our beliefs and prejudices, and to learn how we can be more accepting of others when visiting.

First, let’s have some fun and take a Diversity Quiz based on Census data.
Interactive Exercise 6  Diversity Quiz

Test your knowledge with this multiple choice Quiz.

1. Which major race group grew the fastest between 2000 and 2010?
   a. Hispanic
   b. Non-Hispanic Caucasian
   c. Black or African American
   d. Asian

2. Between 2000 and 2010, which state joined California, DC, Hawaii and New Mexico as having a majority of the population that is a minority group?
   a. Texas
   b. New York
   c. Florida
   d. Arizona

3. The Hispanic population grew by ____ percent between 2000 and 2010?
   a. 18%
   b. 25%
   c. 43%
   d. 51%

4. The _____________ population is growing at the slowest rate.
   a. Asian
   b. Non-Hispanic White
   c. Black or African American
   d. Hispanic

5. ____ of the population reported more than one race in 2010.
   a. 3%
   b. 7%
   c. 15%
   d. 21%
6. The age group that grew the most between 2000 and 2010 was
   a. Under 18
   b. 18-44
   c. 45-64
   d. 65 and older

7. The oldest median age in 2010 was in the
   a. Northeast
   b. Midwest
   c. South
   d. West

8. The ________ population had the highest percentage of high school graduates or in 2010.
   a. Asian or Pacific Islander
   b. Black
   c. White
   d. Hispanic

9. The population reporting speaking English “not well” at the highest percentage of populations measured in 2011 was
   a. Hispanic
   b. Hindi
   c. Russian
   d. Vietnamese

10. ______ households reported having Internet use at home in 2012?
    a. 31.0%
    b. 49.2%
    c. 74.8%
    d. 92.5%

Check your answers on page 58.
Prejudices

Because prejudices are viewed as “bad” and discriminatory, most people do not want to admit to having any, but the fact is that most of us actually do. The problem is that prejudices, when acted upon, will prevent Accredited Visitors from being able to truly provide support. The key is for Accredited Visitors to be aware of any prejudices they may have and leave them at the door when visiting patients and families. In fact, when we become aware of our prejudices, there are things we can do to help overcome them and become more tolerant and accepting of differences.

In order to look at any prejudices we may have, we have to first look at our upbringing. Whether we like it or not, the environment we lived in when growing up often shapes our beliefs about ourselves and others.
Consider your environment when you were growing up and think about the answers to the following questions:

- Who lived in your home — Mom and Dad, one parent, same-sex parents, grandparents, other relatives, foster parents, many siblings, adopted children, other caregivers, etc.?
- Did you identify yourself as a specific race or culture growing up?
- What was the main language spoken in your home?
- What political party, if any, did your family belong to?
- What religion, if any, did your family practice? Did your family go to a church, temple or other place of worship?
- What area did you live in? City, suburbs, rural area, isolated area?
- What was your education like — public school, private school, home school? Were there different races, cultures or people with different socio-economic statuses in your school?
- What education level did people in your family achieve — high school graduation, college, advanced degrees, didn’t graduate from high school?
- What was your community like — mostly one race or culture, more than one race or culture, very diverse?
- What were your family’s beliefs about health and fitness?
- What were your family’s beliefs about aging? Were your grandparents or other elderly relatives an active part of your childhood?
Awareness of Strongly Held Beliefs

Thinking about your upbringing can help you understand more about your thoughts and beliefs today. Obviously, as people leave their family home, they may change many thoughts and beliefs, but some may stay and some may get even stronger.

Now, consider how you would describe yourself in terms of the questions you just considered. What characteristics of yourself would you say are most important to you? Is it your gender, education level, race, ethnicity, religion, lifestyle, parenthood, grandparenthood, etc. What beliefs do you hold most dear?

Clue: If you are on social media, what causes do you support and beliefs do you promote most often?

The more strongly you feel about characteristics or beliefs, the harder it will be to accept those who are different from you in those areas. Become aware of strongly-held beliefs — it is essential in preventing prejudices from affecting your patient or family hospital visits in a negative manner.
Educating Yourself

For some differences, like race, culture, lifestyle, religion, etc., you can actually educate yourself to help you become more open-minded and accepting. Here are some ideas you can try:

1. Read a non-fiction book about a different race, religion, culture, or lifestyle. (Remember, however, that all books are written or put together from the author’s perspective.)
2. Eat at an ethnic restaurant and order food that you haven’t tried before.
3. Attend an event celebrating or honoring a different race, culture or lifestyle.
4. Take a class or listen to a podcast or webinar about a different lifestyle or culture.
5. Listen to news with an open mind from a station or website that leans towards a different political view than you have.
6. Find information on the Internet (from as neutral of a source as possible) about different cultures or lifestyles.
7. Volunteer at a nursing home and truly listen to elderly people talk.
8. Ask people you are close to, without arguing or debating, about their beliefs or their culture if they are different from yours.
9. If you feel you are able, attend a religious service that is different from your own.
10. Read a parenting book that teaches a different style of parenting than you have.

Stereotyping

Remember, that it is NEVER true that ALL people with a certain characteristic, belief, skin color, ethnicity, lifestyle, age, etc., think and behave the same way. Many stereotypes are created out of fear and a lack of understanding and can be very harmful. Look at each person as an individual.

Empathy, an essential skill of an Accredited Visitor, cannot include stereotyping because stereotyping creates separation between you and the person you are stereotyping while empathy is about connection and similarities. Therefore, Accredited Visitors need to find similarities, avoid stereotyping and treat each person they visit as unique and worthy of their time, attention, respect and support.
Interactive Exercise 7  Visiting Scenarios

How would you handle the situation presented in these scenarios? Write your answers in the blanks.

1. Will You Pray?
   What do you do when a patient, parent or caregiver asks you lead a prayer or pray with them?

   __________________________________________________________
   __________________________________________________________

2. The Sound of Silence
   What do you do when a patient, parent or caregiver has invited you in as a visitor but gives you one-word answers or barely speaks to you?

   __________________________________________________________
   __________________________________________________________

3. Oh No! Not That Doctor!
   What do you do when a patient, parent or caregiver asks you about his or her doctor or the child’s doctor when you don’t feel that doctor is a good one or have had a bad experience with him or her?

   __________________________________________________________
   __________________________________________________________
4. Give Me A Kiss
What do you do when a patient, parent or caregiver goes to give you a hug or to make physical contact with you?

__________________________________________

__________________________________________

5. This Is A Bad Time
What do you do when you walk into a room, after knocking and being told to come in, when a patient or child is exposed or unclothed?

__________________________________________

__________________________________________

6. How Much Is Too Much?
How much information about patients is appropriate for visiting records and how much is too much?

__________________________________________

__________________________________________

Check your answers on page 59.
Non-hospital Visits

A non-hospital visit may occur either before or after the patient or child has been hospitalized.

Even for visits that are not in-person visits, **ALL VISITS MUST BE DONE BY AN ACCREDITED VISITOR**. These visits might be over the telephone or done online.

**Telephone Visiting**

A telephone visit is one way an Accredited Visitor can show his or her interest in the patient or family member. If it is a pre-hospitalization visit, after answering all the patient or parent’s questions on the telephone, make arrangements to visit the patient or parent in the hospital or arrange for another Accredited Visitor to do so. If it is a post-hospitalization visit, the call may be a follow-up to the initial hospital visit.

If during the phone conversation you feel a patient or family would prefer to talk face-to-face, offer to meet him or her or invite him or her to a chapter or group meeting if there is one before the hospitalization.
Telephone visits require even more active listening skills than in-person visits because the listener cannot see non-verbal cues and body language. Listen carefully to what the patient or family members are telling you and use active listening skills by paraphrasing and reflecting.

Before concluding a telephone visit, invite the patient and his family to attend a Mended Hearts chapter meeting or Mended Little Hearts group meeting. Also, offer to send the patient and family a chapter or group newsletter and other communication. Be sure to ask if they would like to receive more information from Mended Hearts or Mended Little Hearts and record their email address if they have one.

**Internet Visiting**

The Mended Hearts Internet Visiting Program, Patient Matching Program and Mended Little Hearts Parent Matching Program are other ways to reach patients and families who may not be near a local chapter or group or prefer to initiate a conversation in writing, by email. The same guidelines and rules apply for Internet Visiting as they do to other visiting. Anyone who is an Accredited Visitor may also be an Internet Visitor. Check with your Visiting Trainer if you are interested in volunteering for the Internet Visiting Program. Training for Patient Matching and Parent Matching are part of this Accredited Visitor Training and start on page 44. Patients or parents who are interested in Patient Matching or Parent Matching only may complete that portion of this training; however, they may not conduct hospital, in-person or telephone visits without completing this entire training program.

When conducting a visit over email, understand that emails are sometimes misinterpreted because tone is not present in an email. Be careful about how you phrase things, and be sure to keep your tone very positive. Control the length of the email with the understanding that people don’t read emails if they look like novels. If possible, write in short paragraphs giving only essential and supportive information.
As with other forms of visiting, briefly tell the patient or family members who you are and that you or your child has had open-heart surgery or another heart procedure. End the email by asking them if they have any questions or concerns and offering your support. Also, ask them if they would like to receive informational emails from Mended Hearts or Mended Little Hearts. More details on this topic are in the Patient and Parent Matching Online Training started on page 44.

Mended Hearts National Internet Visiting email for patients and family support is: support@MendedHearts.org.
Interactive Exercise 8  Visitor Training Assessment

Please complete the following assessment after completing the Accredited Visitor Training Program. True/False Quiz

1. There are rules for Accredited Visitors so that they do not need to comply with hospital rules as well.

2. Accredited Visitors should always ask for permission before entering a hospital room.

3. When visiting a patient or family member, the Accredited Visitor should do most of the talking.

4. Accredited Visitors should invite patients and families to a Mended Hearts or Mended Little Heart meeting and be sure to follow up with the patient and/or family to see how they are doing.

5. Accredited Visitors should provide patients and families with only approved Mended Hearts and Mended Little Hearts materials.

6. Accredited Visitors may give medical advice and answer questions about medical care if they know the answer.

7. If a patient or family member does not want to talk, the Accredited Visitor should keep asking questions.

8. Active listening involves paraphrasing, which is repeating what the patient or family member said in your own words, reflecting mood and feelings.

9. Accredited Visitors may share patient information with close friends and other Accredited Visitors only.

Accredited Visitors should share their honest opinions about medical professionals treating the patient, even if they are negative.

Check your answers on page 61.
Accredited Visitor Training Program

Closing

Thank you for completing this online Accredited Visitor Training course. This is the first part of a two-part accreditation. Please fill out your Affidavit of Course Completion stating that you completed this course, and give it to your Accredited Visiting Chair or Coordinator. For the second part of your accreditation, you must be observed visiting for at least two visits by your chapter’s visiting chair, your group’s Visiting Coordinator, or if your chapter or group is new and you are starting a new visiting program, by a medical professional who is willing to observe the visits. Be sure to print out two copies of the form for the observer to complete.

To receive your Accredited Visitor card by email, you must turn these forms in to your Visiting Chair or Visiting Coordinator:

- **The Affidavit of Course Completion**
- **Confidentiality Statement**
- **Visitor Observation Forms**
- **Training Evaluation Form**
Affidavit of Course Completion

I ______________________________ hereby affirm that I have completed the entire Accredited Visitor Training and that I did not have anyone else complete the course, or parts of the course, for me. I understand the concepts presented in the training and the rules for Accredited Visitors, and I promise to abide by these rules and conduct myself in a professional manner at all times during visits.

Print Name: ____________________________________________________________

Signature: ______________________________________________________________

Date: ____________________________
Mended Hearts and Mended Little Hearts Confidentiality Statement

Mended Hearts and Mended Little Hearts honor patient confidentiality requirements. We recognize the fact that patient medical information is confidential and protected by law.

Exchange of visiting information between chapter or group members or officers must be conducted in a confidential setting.

I have read, understand and agree to abide by the terms of this Agreement.

Accredited Visitor’s Signature: __________________________________________________________

Printed Name: __________________________________________________________

Date: __________________________________________________________

Chapter Number or Group Name: ____________________________________________
## Evaluation Form

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<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Average</th>
<th>Poor</th>
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<tr>
<td>Overall, this training was:</td>
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<td>The training videos were:</td>
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<td>The training exercises were:</td>
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The most important thing I learned during this training was: ________________________________

I would like more information about: ________________________________

A suggestion for future visitor trainings is: ________________________________
Visitor Observations

After viewing one of the two visiting videos, write your observations below.

Things the Accredited Visitor did well:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Things the Accredited Visitor could improve upon:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Answers

You will find answers to the Accredited Visitor Online Training Program exercises on the following pages.

Exercise 1 Visitor Skills and Characteristics

- **Understand all heart diseases or types of heart defect**

  You do not need to understand all types of heart disease or heart defects to be a good visitor. Your experience and information on basic good heart health is enough. The person being visited often wants to know how they will get through this experience and what life will be like after surgery or a procedure just as much as the medical information they need.

- **Communication skills**

  Good and respectful communication skills are a must for Accredited Visitors. You will need to communicate effectively with the hospital contact(s) and other medical professionals and with patients and their families.

- **Listening skills**

  Knowing when to speak and when to listen is a critical skill for Accredited Visitors. Accredited visiting is mostly about being able to listen to someone else to determine what their emotional support needs are.

- **Organizational skills**

  Organizational skills are very important for Accredited Visitors. Keeping educational materials organized and neat, organizing who to visit when, keeping orderly any information from the patient or family you have express permission to keep, and making reports of any visits you do is essential.

- **Confidentiality**

  Accredited visitors may NOT share patient/family information with ANYONE except for the purposes of recording the visit, informing a future Accredited Visitor about a situation or a desire for more visits, or with express permission when the patient or family has asked to be
Answers

Exercise 1 Visitor Skills and Characteristics (continued)

- Speaking skills
  Some speaking skills are necessary to be able to tell your story effectively and briefly for purposes of support. Accredited Visitors do not need professional or expert public speaking skills. Remember LISTENING is far more important than speaking when conducting visits.

- Time management skills
  You will need to manage your time well when you visit. Try to visit with everyone who needs a visit in the time you have. Also, if you have committed to a time and date for visiting, be sure to honor that and be there unless you are ill or have an emergency. The medical professionals at the hospital and other Accredited Visitors with your hospital are counting on you to be there.

- Intuition
  While intuition may not seem like a skill you need to visit, Accredited Visitors must pay attention to signals from a patient or family that they would like a visit to end or they need a visit to continue longer. Be respectful of others’ needs for privacy. However, note that some patients and families may seem quiet and unresponsive but really appreciate you being there as an example of survival and hope.

Exercise 2 Active Listening Scenarios

Scenario 1
No. The most important skills is listening, and this speaker, although well-intentioned, failed to listen to Heart Patient. The speaker also didn’t find out what specific recovery concerns Heart Patient has.
Scenario 2

Yes. Accredited Visitor listened, asked questions, and then shared. This is good active listening.

Scenario 3

Yes. Accredited Visitor listened first and then asked about specific concerns Mom has.

Scenario 4

No. Accredited Visitor jumped in with her experience without finding out more about Dad’s concerns and then offering to connect Dad with resources he needs, or at the very least, telling Dad to talk to the hospital social worker who may have resources.

Scenario 5

Yes. This is effective active listening. Accredited Visitor listened and only asked questions where needed. Then, although Accredited Visitor did not have depression herself, she acknowledges it is common among heart patients and gives more information.

Scenario 6

Yes. Accredited Visitor listened and asked questions. Only after listening did Accredited Visitor state this is a common issue and provide additional information.
Answers

Exercise 3 Non-Verbal Communication

Cheerful
Closed
Depression

Angry
Happy
Tired

Worried
Joyful
Sad

Frustrated
Gloomy
Peaceful

Mad
Excited
Thoughtful

Pleasant
Cheerful
Annoyed

Loving
Angry
Surprised
Exercise 4 **Rules of Conduct**

1. True  
2. True  
3. False  
4. False  
5. True  
6. True  
7. False  
8. False  
9. True  
10. True

Exercise 5 **Things to Remember**

1. **What is the ideal length for a visit?**  
   *It depends*  
   Look for cues from the patient or family you are visiting to determine the length of your visit. Some patients and families like longer visits than others. A general rule is to visit for around 5 minutes unless the patient and family seem to want you to leave earlier or to stay longer. If the patient or family doesn’t seem to want the visit, leave the materials you brought and leave them with your contact information—they may want it later.

2. **How often should you visit a patient, caregiver or family?**  
   *It depends*  
   Too many visits can be worse than none at all. Generally, visit a patient, caregiver or family once and ask if they would like you or another visit. If so, be sure that they are visited, but you may not want to visit every day unless requested.

3. **If I feel like I am getting burnout, I should...?**  
   *Take a break from visiting until I am in a better place and can be positive when I visit.*  
   Sometimes all volunteers need a break. Don’t feel bad or ashamed. There will be plenty of patients and families to visit after your break, and you will be able to be far more positive and compassionate when you are in a better place.

4. **How often should an Accredited Visitor visit patients or families in the hospital?**  
   *It depends*  
   Accredited Visitors should conduct visits often enough that they can keep up with and improve their visiting skills. However, visiting too often can cause burnout. Find what works best for you with your schedule. Once a month may be enough for some and not enough for others. Every day is very likely too often.

5. **How involved should you get with a patient and/or their family?**  
   *I should have empathy but remain emotionally uninvolved with the patient and family.*  
   Accredited Visitors should care about the patient and family and have empathy for them, but they should avoid getting overly emotionally involved with the patient and family. The goal is to be emotionally healthy yourself so you can be a positive influence on the family, and getting too involved in a situation can be hurtful for everyone.
1. **Which major race group grew the fastest between 2000 and 2010?**
   - **d. Asian**
     The Asian alone population grew 43%—faster than any major race group between 2000 and 2010, moving from 4% to 5% of the total population during that time.

2. **Between 2000 and 2010, which state joined California, DC, Hawaii and New Mexico as having a majority of the population that is a minority group?**
   - **a. Texas**
     In 2010, more than half of Texas’s population was part of a minority group. California leads the nation with the largest minority population at 22.3 million. Nearly half of the West’s population was minority in 2010. Of all states, Nevada’s minority population increased at the highest rate—by 78%.

3. **The Hispanic population grew by ____ percent between 2000 and 2010?**
   - **c. 43%**
     The Hispanic population accounted for 16% of the total U.S. population in 2010. More than half of the growth of the U.S. population between 2000 and 2010 was due to the Hispanic population growth.

4. **The ______________ population is growing at the slowest rate.**
   - **b. Non-Hispanic White**
     The non-Hispanic white population grew at 1% between 2000 and 2010. It’s proportion of the total U.S. population decreased from 69% to 64%.

5. ____ of the population reported more than one race in 2010.
   - **a. 3%**
     The overwhelming majority of the total U.S. population (97%) reported only one race in 2010 with the largest group reporting white alone.

6. **The age group that grew the most between 2000 and 2010 was ______.**
   - **c. 45-64**
     The population aged 45-64 grew at the fastest rate (31%) between 2000 and 2010 primarily due to the aging Baby Boomer population. The population of those 65 and older grew at a faster rate (151%) than those under 45. The slowest growing population was 18-44 at only 0.6%.

7. **The oldest median age in 2010 was in the ______.**
   - **a. Northeast**
     The region with the oldest median age in 2010 was the Northeast at 39.2% followed by the Midwest (37.7%), the South (37%) and then the West (35.6%).
8. The ________ population had the highest percentage of high school graduates or in 2010.
   a. Asian or Pacific Islander
   In 2010, 88.9% of Asian or Pacific Islanders achieved high school graduation or more, and 52.4% achieved college graduation or more. The White population had an 87% high school graduation rate, Black had an 84.2% graduation rate, and Hispanic had a 62.9% graduation rate. In 2012, the highest total high school graduation rate was reported at 80%.

9. The population reporting speaking English “not well” at the highest percentage of populations measured in 2011 was ________.
   d. Vietnamese

10. ________ households reported having Internet use at home in 2012.
   c. 74.8%
   In 2012, 78.9% of households had a computer at home, and 94.8% of households with a computer use it to connect to the Internet. The highest Internet usage was by people aged 25-34 (88.1%), but of those aged 65+, 53.1% accessed the Internet. Almost 83% of the Asian alone population accessed the Internet in 2012 while only 64% of the Hispanic population accessed the Internet.

Exercise 7 Visiting Scenarios

POSSIBLE ANSWERS

1. Will You Pray?
   a. Tell him or her Mended Hearts and/or Mended Little Hearts are not affiliated with any particular religion, but you would be glad to find the hospital chaplain.
   b. Tell them that you will be sure to pray for them at home.
   c. DO NOT lead a prayer (see do’s and don’ts) at any time when visiting.

2. The Sound of Silence
   a. Tell him or her briefly about your experience and ask if they have any questions about their experience that you might be able to answer.
   b. Leave materials and ask if you should come back at another time.
   c. Ask them a question unrelated to their hospital situation to start them talking on a lighter subject.
   d. DO NOT go on about your own experience or keep talking when the patient or parent clearly doesn’t want to talk or visit.
POSSIBLE ANSWERS

3. **Oh No! Not That Doctor!**
   a. Tell him or her that every person has their favorite doctor and assure him or her that the doctor will give the best care possible.
   b. Tell him or her that their doctor will provide very good care.
   c. If you know of someone who had a good experience with that doctor, refer to that situation.
   d. **DO NOT** speak badly about a patient’s care or medical personnel caring for the patient at any time—whether visiting or not.

4. **Give Me A Kiss**
   a. Tell the patient or parent that, although you are very healthy, you don’t want to take any chances.
   b. In some cases, a physical contact may be appropriate so long as you clean your hands before and after contact, such as if the patient or parent puts a hand out for a handshake.
   c. **DO NOT** initiate physical contact with a patient, parent or caregiver.

5. **This Is A Bad Time**
   a. Quickly state that you thought you heard approval to enter and that you will come back at another time.
   b. If no one has seen you, leave quickly and quietly.
   c. **DO NOT** stay in the room with an unclothed patient or child even if approval is indicated.

6. **How Much Is Too Much?**
   a. **Correct Answer:** Only state as much information as needed to record the visit. **DO NOT** comment on the patient or parent’s attitude, attire or demeanor. That type of information may impact the next visitor and his or her attitude toward the patient or parent.
Exercise 7 Visitor Training Assessment

1. False. All visitors should comply with hospital rules and Mended Hearts rules. In all cases, hospital rules must be followed.

2. True. Always ask for permission before entering a hospital room.

3. False. When visiting, the Accredited Visitor should listen more than he or she speaks. Listening is the most important visiting skill.

4. True. Patients and family members should be invited to a meeting. In addition, visitors should ALWAYS follow up with the patient and/or family member to see how they are doing and continue the relationship.

5. True. Only approved Mended Hearts and Mended Little Hearts materials should be given to patients and families.

6. False. Accredited Visitors should not give medical advice. Refer patients or family members to medical professionals for medical questions even if you know the answer.

7. False. If the patient or family member does not want to talk, tell him or her you can come back at a better time or simply leave information with him or her.

8. True. Active listening is a vitally important visiting skill and involves paraphrasing what the patient or family member said and reflecting mood and feelings.

9. False. Accredited Visitors should share only necessary information with other Accredited Visitors—not with friends, family members or others. Patient information should be kept private.

10. False. Accredited Visitors should ALWAYS be positive about medical care and medical professionals.
Patient Matching and Parent Matching Online Training Program
Introduction

Welcome

Welcome to Mended Hearts Patient Matching Program or Mended Little Hearts Parent Matching Program. As you know, heart patients and parents of children with congenital heart disease are often looking for support and answers from people who truly understand because they have had similar experiences. The goal of the programs is for patients and parents to know they are not alone, to have hope for a bright future, and to understand where to find helpful information and resources.

If you have any questions about this program, please contact us at 1-888-HEART99 or info@mendedhearts.org or info@mendedlittlehearts.org.

Program Objectives

At the end of this training, you should:

1. Understand what Mended Hearts Patient Matching and Mended Little Hearts Parent Matching programs are and are not.
2. Understand how to draft an email of support to a patient or parents.
3. Be able to answer some of the tougher questions that are asked by patients or parents.
4. Know what privacy issues affect Mended Hearts and Mended Little Hearts, including how HIPAA impacts email support.
About Patient & Parent Matching

Many patients, parents and primary caregivers come to Mended Hearts and Mended Little Hearts looking to connect with others who have been through a journey with heart disease or congenital heart defects or disease. Mended Hearts Patient Matching Program allows heart disease patients to get emails of support from others who have the same heart disease and/or procedures. Mended Little Hearts Parent Matching Program allows parents to get emails of support from other parents of children with the same heart defect or a very similar heart defect. In some cases, patients and parents may be connected by geographic proximity as well. Any patient, parent or primary caregiver can request support. Only those who have gone through this training may send emails of support, however. This allows us to ensure that all giving support understand the best ways to show support, the need for confidentiality, and that we are giving support as patients or parents, but not as medical professionals.

Let’s look at some skills needed to be most effective at giving email or online support.
Interactive Exercise 1  Support Skills and Characteristics

What skills and characteristics do you feel are needed to make support others online (please check all that apply)?

- Understand all heart diseases or types of heart defect
- Communication skills
- Organizational skills
- Confidentiality
- Time management skills
- Intuition

Check your answers on page 85.
Patient Matching or Parent Matching Protocol

Mended Hearts Protocol

Who may request email/online support?

- Patients with heart disease.

Who can send emails or give online support as part of the Patient Matching Program?

- Members in good standing of Mended Hearts.
- Only Mended Hearts members who have completed this online training.
- Must be a heart patient.

Mended Little Hearts Protocol

Who may request email/online support?

- Parents or primary caregivers of children with heart defects or congenital heart disease.

Who can send emails or give support as part of the Parent Matching Program?

- Members in good standing of Mended Little Hearts.
- Must either be a parent or primary caregiver of a child with a heart defect or heart disease.
- Only Mended Little Hearts members who have completed this online training.
Patient, Caregiver or Family’s Perspective

Next, to be most effective at providing support via email or online, you will need to remember what the patient, parent or primary caregiver is experiencing, understanding that each person’s experience will be different. This does not mean that you should dwell on this difficult time or become sad, angry or depressed, but remember in a detached way so you can have empathy for those you email. Often people just want to know that others have walked in their shoes and truly understand some of what they are experiencing.

- What were your feelings when you, a loved one, or your child was diagnosed with heart disease or a heart defect?
- What feelings did you experience when you, a loved one, or your child had heart surgery or other hospital procedures?

Remembering how you felt allows you to feel more compassion and caring for those you email or support online even if your experiences were different. When you write and send an email, try to look at the situation from the point of view of the person or people you are supporting.
Rules of Patient or Parent Matching

When giving support via email or online, I will:

1. Give support for the benefit of the patient or parent, not for personal reasons.
2. Be sure to write emails when I am feeling well physically and emotionally.
3. Use terminology and language that is clear and easy to understand.
4. Respect the privacy, individuality, and dignity of the patient or parent.
5. Be positive, supportive, tactful, cheerful, considerate and responsive.
6. Be interested in the progress of the patient, child and family in the hospital and at home.
7. Be enthusiastic about the patient or child’s medical care before, during, and after treatment or surgery.
8. Respect the spiritual, religious, or non-religious beliefs of the patient or parent.
9. Protect the confidentiality of the patient or parent.
10. Respond to Parent or Patient Matching requests in a timely manner (24-48 hours).

I will not:

1. Give medical advice.
2. Use acronyms or abbreviations such as “MI” or “HLHS.”
3. Be an advocate for surgery or any other kind of medical treatment.
4. Be judgmental about a patient, parent or caregiver’s choices in hospitals, doctors, treatment or care.
5. Discuss medical costs or finances. Instead I will refer the patient or parent to the social services department.
6. Place excess emphasis on my medical experiences or hospitalization or my child’s in relation to those of the patient or parent’s child.
7. Act as an advocate or representative for a particular hospital or medical facility.
8. Make disparaging remarks about the patient or child’s medical team.
9. Express religious or spiritual beliefs to the patient and/or family.
10. Discuss the patient or child’s diagnosis or recovery with others.
Interactive Exercise 2  Rules of Conduct

Test your knowledge of Rules of Conduct with this True/False Quiz

1. Do not make any negative remarks about a patient or child’s medical professionals.

2. When asked, give the patient or family member medical advice.

3. Let the patient or family member know about all of the costs involved in their medical care.

4. Respect religious beliefs of patients and families even if you don’t agree.

5. Do not advocate for a specific medical procedure even if it is one you had great success with.

6. Share patient or parent/child information only as needed for prayer request.

Check your answers on page 86.
Steps for Email Support

The following are the steps for providing email support through patient or parent matching. Each will be discussed in more detail. You can remember the steps by using the acronym/statement “RISE then Close.” The steps are:

- **R**eceive the name, email and condition or procedure.
- **I**ntroduce yourself
- **S**hare your story
- Show Empathy

and then

**CLOSE**

1. You will ** RECEIVE ** the name of a patient or parent requesting matching and the condition or procedure of the patient or child only.
   a. You will not receive any other identifying information by Mended Hearts or Mended Little Hearts.
   b. If the patient or parent shares more information with you during email exchanges, please remember to keep it confidential unless you are given written permission to share.

2. ** INTRODUCE ** yourself as part of Mended Hearts’ Patient Program or Mended Little Hearts’ Parent Matching Program.
   a. **Example 1—Patient Matching:**
      Mary,
      I was given your name as part of Mended Hearts Patient Matching Program. My name is Dave Jones, and I am a heart patient as well.
   b. **Example 2—Parent Matching:**
      Mary,
      I was given your name as part of Mended Little Hearts Parent Matching Program. My name is Susan Jones, and I also have a child with a heart defect.
3. **In one to two sentences, **[S HARE your story as positively as possible.](#)**

   a. **Example 1—Patient Matching:**
   When I was 65-years old, I started to feel very tired all the time, and I was diagnosed with valve disease. I had a valve repair procedure within 4 months of my diagnosis, and after a recovery period, I feel great.

   b. **Example 2—Parent Matching:**
   My son was diagnosed with Tetralogy of Fallot shortly after birth, and he had surgery in Philadelphia at 3-weeks old. He is now 3-years old and a very happy child.

4. **Show [E MPATHY.](#)**

   a. **Example 1—Patient Matching:**
   I remember that I had a lot of questions and concerns during my recovery period. Please know that having questions and concerns is normal.

   b. **Example 2—Parent Matching:**
   I remember how scared I was after my son was diagnosed, and I was searching everywhere for information.

And then

5. **[CLOSE offering support and a willingness to answer questions.](#)** You may choose to include your phone number and/or city/state.

   a. **Example 1—Patient Matching:**
   I wish you the best during this time, and I want you to know that I am here to give you support and answer any questions you may have.
   Best Regards,
   Dave Jones

   b. **Example 2—Parent Matching:**
   Please know that I am here to answer any questions you might have or just to listen if you want to talk. My phone number is 888-432-7899, and I live in Richmond, VA.
   Best Regards,
   Mary Jones
Common Concerns of Patients, Parents and Primary Caregivers

These are issues that patients, parents and/or primary caregivers often ask questions about. You may want to be prepared to answer questions on the following topics:

1. Recovery time
2. Nutrition
3. Resources
4. Pain management
5. Developmental milestones
6. Physical limitation
7. Stress/anxiety management
8. Medications
9. Immunizations
10. Risk of catching illnesses from others

You may get asked questions about issues aside from these as well. Remember that each patient and family is unique. Patients are often worried about life after a heart procedure or surgery. Parents are usually frightened by the responsibility of caring for a child with a heart defect. As a person who has experience with heart patients and/or children with heart defects, you can draw on your experience as you answer questions.

**Remember, always refer the patient or parent to:**

- The doctor for answers to all medical questions.
- Social Services at the hospital for answers to any financial or insurance questions.
Also, remember to:

- Encourage the patient or parent to speak with the hospital dietitian about proper diet, menu resources, and what foods and cooking methods to avoid.

- Encourage the patient or parent to speak with the doctor about physical abilities and limitations.

- Encourage the patient or parent to follow through on recommended exercises, physical therapy, rehab or occupational therapy.

- Encourage the patient or parent to visit the doctor with a list of concerns and questions for the medical professionals.

- Recommend the patient or parents call their doctor or the child’s doctor for advice on any questions they may have about their welfare or their child’s welfare. The doctor is working FOR the patient and family and would want to be kept informed of any possible problems.
Unique to Email Support

There are some issues that are unique to email support. This is because people cannot read tone or see body language in email. It is also because sometimes people use words or abbreviations that mean different things to different people. For example, consider the word, “Great!” Depending on context, it can mean “wonderful” or be a negative exclamation.

Here are some things to remember when reading and writing emails:

1. **Always assume good intent**. Sometimes it can seem that a patient or parent is being negative or seems annoyed. While this is possible, some people can come across in an unintended way over email. We all have sent emails that someone else misread or misconstrued, so know that this happens and continue to be positive in any responses. If the patient or parent does not seem to want support, simply let him or her know you are available should they have questions or need support in the future.

2. **Avoid judgment**. Similarly to when you are giving a patient or parent support in person, patients or parents may let you know that they are making choices are acting in a way that you feel is wrong or may be harmful. Remember, it is not your job to judge, debate, or convince them that there is a better way. Simply share your experience and let them know how it worked or didn’t work for you or your child. If you feel like you cannot respond in a neutral way, simply let them know that you wish them the best.

3. **Respond quickly**. When patient or parents are in crisis, like when they have a procedure coming up very soon, when they are in the hospital or their child is in the hospital, or right after a diagnosis, they are really looking for very quick responses. Please try to respond to patients or parents as soon as possible, preferably in the same day. Remember how scary it is to be in their shoes, and you may be their only connection to someone they feel truly understands them.
4. **Keep it brief.** Some patients and parents, especially during hospital stays, will hesitate to read something that seems too long. Be sure to keep your story fairly brief, giving just enough information to let the patient or parent know you have been through a similar experience.

5. **Avoid jargon, acronyms and abbreviations.** This is VERY important. Use the simplest terms possible to explain what you are talking about. Even abbreviations you think are very common may not be understood by someone new to heart disease or congenital heart disease. Write your email as if you were speaking to someone who knows nothing about heart disease, congenital heart disease or medical treatment.
Interactive Exercise 3

Which is Better for an Email?

Which one of these would be better to use in an email? **Check the box beside the one you feel would be best**. Hint: Go for simplicity.

1. Which is Better for an Email?
   a. MI
   b. Myocardial Infarction
   c. Heart Attack

2. Which is Better for an Email?
   a. CHD
   b. Congenital heart defect
   c. Heart defect

3. Which is Better for an Email?
   a. HLHS
   b. Hypoplastic Left Heart Syndrome
   c. A single ventricle heart defect called Hypoplastic Left Heart Syndrome

4. Which is Better for an Email?
   a. Afib
   b. Atrial Fibrillation
   c. An irregular heart rhythm called Atrial Fibrillation

5. Which is Better for an Email?
   a. CHF
   b. Congestive Heart Failure
   c. Heart failure
6. Which is Better for an Email?
   a. OHS
   b. Open Heart Surgery
   c. Heart surgery

7. Which is Better for an Email?
   a. CABG
   b. Coronary Artery Bypass Graft
   c. Bypass surgery

8. Which is Better for an Email?
   a. VSD
   b. Ventricular Septal Defect
   c. A hole between the ventricles

9. Which is Better for an Email?
   a. ICD
   b. Implantable Cardioverter Defibrillator
   c. Defibrillator

10. Which is Better for an Email?
    a. EF
    b. Low Ejection Fraction
    c. Insufficient amount of blood pumping out of the ventricle

    Check your answers on page 86.
What if I don’t get a response?
Please note that you may send an email of support and not get a response. This is not uncommon. Please do not feel hurt or offended or believe that you have written anything wrong. Some patients and families sign up for patient or parent matching, and getting emails of support is enough for them. Also, unfortunately, some patients or children may not be doing well, and the patient or parent may feel unable to respond. However, this does not mean that your email wasn’t helpful. Sometimes we will just never know how much it meant to them.

Tracking Patient and Parent Matching
When you send an email as part of our Patient or Parent Matching Program, please let us know as soon as possible. This will allow us to ensure everyone looking for support receives it. Also, it allows us to keep a record of the number of patients and parents we reach through these programs.

Please send an email to info@mendedhearts.org when you send a Patient Matching email or to info@mendedlittlehearts.org when you send a Parent Matching email.

Thank you for helping us help others!
Privacy Considerations and HIPAA

**HIPAA—Privacy Standards**

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996. As part of the Act, Congress called for regulations promoting administrative simplification of healthcare transactions as well as regulations ensuring the privacy and security of patient information (Department of Health and Human Services). The regulations apply to what are called “covered entities”:

- Healthcare providers
- Health plans
- Healthcare clearinghouses

Any transmittal of health information in electronic form in connection with a transaction is covered under HIPAA. The regulations are made up of three parts:

- Transactions standards
- Privacy
- Security

Mended Hearts, and therefore Mended Little Hearts also, is mainly affected by the privacy regulations.

**Privacy Regulations:** The privacy rules govern the release of individually identifiable health information, specifying how health providers must:

- Provide notice of privacy policies and procedures to patients
- Obtain consent authorization for use of information
- Tell how information is generally shared
- Inform patients about how to access, inspect, copy and amend their medical records.

The privacy rules became effective in April 2001; their compliance deadline was April 14, 2003.
Steps You Can Implement

Be active in understanding and complying with your healthcare entity’s policy regarding HIPAA—Privacy Standards.

- Avoid discussing the patient, child or family’s information with anyone.
- Any personal medical information you receive as a may not be discussed with others without express written permission.

Please note that privacy violations may affect Mended Hearts Patient Matching Program and Mended Little Hearts Parent Matching Program, and therefore, cannot be permitted.

Interactive Exercise 4

Patient & Parent Matching Scenarios

Please write your responses in the space provided. The answers given on page XX are suggestions, but you may have other solutions that would work well. Contact the national office if you have any questions or concerns about these issues.

1. Oh No! Not That Doctor!
   What do you do when you are asked about a doctor or hospital that you had a bad experience with?

2. Faith
   What do you do when the patient or parent asks you about your faith?
3. Depressed
What do you do when a patient or parent states that he or she is extremely depressed and doesn’t know if he or she can cope?


4. Advice
What do you do when a patient or parent continues to ask what you would do in their situation?


5. Bad Experience
What do you do when your experience didn’t turn out well?


6. Worse Situation
What do you do when you feel like the patient or parent’s situation is much worse than yours and you feel you don’t know what he or she is going through?


Check your answers on page 86.
Closing

Thank you for completing this online Patient & Parent Matching course. Please fill out your Affidavit of Course Completion stating that you completed this course and sign the Confidentiality Statement. Once the national office receives these documents, we will add you to our Patient or Parent Matching database, and you will start getting requests for email support. If you have questions or concerns at any time please call 1-888-HEART99 (1-888-432-7899) or email info@mendedhearts.org or info@mendedlittlehearts.org.

The Affidavit of Course Completion

Confidentiality Statement
Affidavit of Course Completion

I ______________________________ hereby affirm that I have completed the entire Patient and Parent Matching Training and that I did not have anyone else complete the course, or parts of the course, for me. I understand the concepts presented in this training and the rules for Patient and Parent Matching, and I promise to abide by these rules and conduct myself in a professional manner at all times when sending emails of support.

Print Name: ________________________________________________

Signature: ________________________________________________

Date: ________________________________________________
Mended Hearts and Mended Little Hearts Confidentiality Statement

Mended Hearts and Mended Little Hearts honor patient confidentiality requirements. We recognize the fact that patient medical information is confidential and protected by law.

Exchange of visiting information between chapter or group members or officers must be conducted in a confidential setting.

I have read, understand and agree to abide by the terms of this Agreement.

Signature: ____________________________________________

Printed Name: ____________________________________________

Date: ________________________________________________
Answers
You will find answers to the Patient Matching and Parent Matching Online Training Program exercises on the following pages.

Exercise 1 Support Skills and Characteristics

• Understand all heart diseases or types of heart defect
  You do not need to understand all types of heart disease or heart defects to give support to others online. Your experience and information on basic good heart health is enough. The person being supported often wants to know how they will get through this experience and what life will be like after surgery or a procedure just as much as the medical information they need.

• Communication skills
  Good and respectful communication skills are a must, even when giving support via email. You will need to know how to write an email that is short and to the point in a tone that is supportive.

• Organizational skills
  Organizational skills are important when working in the Patient Matching or Parent Matching program because you will need to keep track of who you email and what you have already written. Also, if a patient or parents asks questions, you want to respond within 24-48 hours.

• Confidentiality
  Participants in the Patient Matching or Parent Matching program may NOT share patient/family information with ANYONE without written permission except for the purposes of letting Mended Hearts or Mended Little Hearts staff know you responded to a request.

• Time management skills
  These skills are necessary in online matching programs only in that you want to respond to any questions you are asked within 24-48 hours. It may be helpful to set aside a certain time to do Patient Matching or Parent Matching each day.

• Intuition
  While intuition may not seem like a skill you need, try to pay attention to what questions are being asked and give support in a way that answers the questions and also makes the patient or parent feel hopeful and more confident. This can be very hard in email because the patient or parent can’t see you or hear your tone, but it is still important.
Answers

Exercise 2 Rules of Conduct

1. True
2. False
3. False
4. True
5. False

Exercise 3 Unique to Email

1. Heart Attack
2. Heart defect
3. A single ventricle heart defect called Hypoplastic Left Heart Syndrome
4. An irregular heart rhythm called Atrial Fibrillation
5. Heart failure
6. Heart surgery
7. Bypass surgery
8. A hole between the ventricles
9. Defibrillator
10. Insufficient amount of blood pumping out of the ventricle

Exercise 4 Patient & Parent Matching Scenarios

1. Oh No! Not That Doctor!
   a. Tell the patient or parent that every person has their favorite doctor or hospital and assure him or her that the doctor or hospital will give the best care possible.
   b. If you know of someone who had a good experience with that doctor or hospital, refer to that situation.
   c. If you had a seriously bad experience, you might mention that most patients or parents get a second opinion before a major surgery or procedure, and while you know the hospital or doctor will provide the best care possible, second opinions can give them more information.
   d. Do NOT speak badly about a patient’s care or medical personnel caring for the patient at any time.
2. **Faith**
   a. While many people rely on prayer or faith to get through crisis, this is not appropriate for detailed discussion to patients or parents. If asked, you may mention briefly that you used prayer or you relied on your faith to get you through, but do not go into detail. Even in the same denominations, practices and beliefs can differ. You do not want to write anything that may offend the patient or parent.
   b. You might say you relied on prayer and other stress reducing techniques to get you through. If asked to get more specific, you might say that everyone is different and what works for you may not work for others.

3. **Depressed**
   a. You need to immediately ask them if they feel they are in danger of harming themselves or others. If they respond that they are, recommend that they call the National Suicide Prevention Lifeline (1-800-273-8255), a suicide hotline, immediately. There is the ability to chat online as well, so you can refer them to www.suicidepreventionlifeline.org. You may also recommend they call their physician immediately to find ways to get help.
   b. If they are not in imminent danger, let them know that feelings of grief, depression and even anger are completely normal. If they feel it is interfering with their day-to-day life, tell them that there is nothing wrong with seeking counseling or speaking to their physician about their feelings and concerns.
   c. Let them know about things you did to relieve depression and help them cope.

4. **Advice**
   a. Let them know that you might choose a course of action that is right for you or your family, but not right for them or their family. Then, if you have any similar experience, share it and let them know how it turned out for you.

5. **Bad Experience**
   a. Emphasize that while it didn’t turn out well for you or your family, each person’s experience is different. You can state that you have learned to cope and are able to help support others going through similar experiences. So long as you stay positive, this should inspire them and help them feel like they can cope too.

6. **Worse Situation**
   a. You simply state that your experience was not as complex as the patient or parent’s, but you continue to be willing to listen and give support. Your experience doesn’t need to be better or worse than others’ to give support.
For more information, visit us at www.mendedhearts.org or call us at 1-888-HEART99. You can also write to us at:

The Mended Hearts, Inc.
National Resource Center
1500 Dawson Road
Albany, GA  31707