

Guide for Follow-up Telephone Calls

We designed this Teach to Goal (TTG) protocol because of our experience that it takes repetition and reinforcement to learn new skills and to integrate new behaviors into one's life. We hypothesize that the TTG calls are essential to transforming self-management, particularly among those with low literacy. As such, we have created a standard curriculum and schedule for the calls. Over time, the learners who are excelling will have less frequent calls and those who need assistance will have more frequent calls.

The first month—5-8 calls:

- Call 1** – 3 Days after initial education session
If call date falls on weekend, move to Friday or Monday
- Call 2** – 7 days after initial education session
- Calls 3-5** – weekly

Additional calls (6-8) are made as needed at the educator's discretion.

After 1st month:

- Call every two weeks if patient
 1. Has not met knowledge goals
 2. Has not met minimum behavioral goals as outlined on [Behavior Required to Meet Teach-To-Goal Standards](#).
- Call once per month if essential knowledge and behavioral goals met.

Call duration: approximately 10 minutes

Goals:

1. Assess successful achievement of the key self-management knowledge and behaviors.
 - 1) *Daily Check-Up*
 - a) *Daily weight and symptom recognition*
 - b) *What to do if condition worsens*
 - c) *Diuretic self-adjustment*
 - 2) *Medication adherence*
 - 3) *Salt intake*
 - 4) *Exercise*
2. Help patients address common barriers to effective care
3. Provide motivation for adherence to key self-care behaviors

Refer to the [Follow-up Call Script and Log](#) to identify essential items and provide questions for each subject area. This also includes a sheet to document the patient's answers for each question.

In addition, you may find it helpful to use the [Follow-up Call Tracking Sheet](#) to prepare and document the information discussed on each call including goals set, changes to diuretic medication, mastery of knowledge goals etc.

Summary of topics for calls during the first month

Topic	Call Sequence	Day	Modules to Cover
A	1	3	Health Status/Program Adherence Daily Check-up knowledge
A	2	7	Health Status/ Program Adherence <i>Review Daily Check-up knowledge prn</i>
B	3	10	Health Status/Program Adherence Medication
B	3*	14	Health Status/Program Adherence <i>Review Medication prn</i>
C	4	17	Health Status /Program Adherence Salt
C	4*	21	Health Status /Program Adherence <i>Review Salt prn</i>
D	5	24	Health Status /Program Adherence Exercise
D	5*	28	Health Status /Program Adherence <i>Review Exercise prn</i>

Overall Goals:

- 1 Adherence & accuracy for daily check-up behavior
- 2 Review of knowledge for each topic.

Topics:

- A. Daily Check-up Knowledge
- B. Medication
- C. Salt
- D. Exercise

Call Sequence:

* indicates potential additional call at the Educator's discretion

Teaching Priority:

Evaluate pt's status on each of the key areas:

Key goals indicated on TTG Phone Call Script:

K = Self-management Knowledge

B = Self-management Behavior

Pt has mastered topic if able to correctly answer the knowledge question on two subsequent tries of asking.

- After patient states correct answer on 2 different calls, this item does not need to be assessed again on TTG Assessment calls during first month. (calls 1-8) Topic areas are prioritized in hierarchical order. When planning the call, consider that the daily check-up is the most important to master and to continue to reinforce and teach on that topic at each call. Add in other topics as time permits. Once a section is mastered, please spend more time on other sections.

Hierarchy:

1. Daily Check-up – including completion of Daily Water Pill Plan
2. Medication
3. Salt
4. Exercise

What if the patient is struggling with implementing the daily check-up?

If the educator feels the patient is unsafe to continue with the diuretic self-adjustment protocol, she/he should ask the patient to take the green zone dose of diuretic every day, but to call their physician if they ever get out of the green zone. The educator will bring the case to the intervention committee for discussion about other strategies for teaching this patient or to keep the patient in the simplified protocol for the entire study.