

Problem-Solving Techniques and Steps

AIM FRAMEWORK: ALIGN, INQUIRE AND MAKE A PLAN

In module 1 of the PersonAbility tutorial, you learned about a three-step approach you can use to problem solve. Let's refresh. (To review the AIM framework in use, see the *AIM Scenarios* at the end of this document.)

Step 1: Align

Bring up the issue, get on the same page about the issue and its effects, and define which part of the issue to address in the conversation. Often, this step can eliminate wasted time later.

PHRASES YOU CAN USE

"I'd like to talk to you about..."

"I've noticed that..."

"It's come to my attention that..."

"What have you been noticing about...?"

"How has this been affecting...?"

"What part of this can the two of us talk about?"

"Let's work on this problem together."

Step 2: Inquire

Dig into why the issue is happening. Issues are often rooted in unmet needs. Try to understand what the other party's needs are and share your own. Where needs overlap, those are chances to work together. As you share perspectives, you might think about the issue differently and solutions can seem obvious. All sides feel more committed to potential solutions when they have a voice in the process.

PHRASES YOU CAN USE

"Tell me more about..."

"Help me understand..."

"What's causing this?"

"Can I share an example?"

"What do you or your team need that you aren't getting?"

"What would help me and my team is..."

"What patients need is..."

"So we both want to..."

"What we have in common is..."

Step 3: Make a Plan

Together, brainstorm options to resolve the issue. Include any options that came up in the Inquire step. Thoroughly explore which option might be best.

PHRASES YOU CAN USE

"How can we resolve this?"

"What do you think we could do?"

"Here are some ideas I have..."

"What would make the most sense to do right now?"

"So today what we'll do is..."

OTHER TECHNIQUES FOR PROBLEM SOLVING

You will learn about some other techniques that can be used in problem solving when you start working in the simulation portion of PersonAbility. However, it may be nice to start practicing these techniques now, while you are practicing the AIM framework.

Ask open-ended questions

Asking questions like “Did you get your flu shot this year?” can be helpful when you need definite answers. But sometimes we need more than a “yes” or “no.” We need to ask questions that help people open up.

INSTEAD OF	USE
Are you feeling stressed?	You seem stressed. Can you tell me what’s going on?
Does that make sense?	What questions do you have?
Can you come in today to get your results?	How do you feel about coming by the office later this afternoon?

These are open-ended questions. They’re open; they let you decide how to answer and invite you to share. They’re neutral; they don’t include any guesses, judgments, or opinions.

GREAT WAYS TO START AN OPEN-ENDED QUESTION

- “What do you think...”
- “How do you feel...”
- “Tell me about...”
- “Help me understand...”

Express empathy

We express empathy by acknowledging someone’s thoughts, feelings, or experiences. It builds trust and shows you’re there to help. That helps people communicate better and solve problems faster.

Think of a time you felt like someone was really listening to you and understood where you were coming from. How did that make you feel?

You want to give that same feeling to the people you’re talking with. General statements like “that sounds tough” work, but empathy is most powerful when it’s specific. One example would be saying to a patient, “You care a lot about your family. I imagine it’s tough being in the hospital and not being able to see them much!”

SOME WAYS TO EXPRESS EMPATHY

- “So what’s hard for you right now is...”
- “I never realized you felt...”
- “You’ve been trying so hard to...”

Use critical thinking

In health care, we should always be using our critical thinking skills: gathering information, evaluating it, and using it to make decisions. There are specific ways we can use those skills in difficult conversations.

GATHER INFORMATION

Find out what everyone's needs are. Think about what they're saying and why they're saying it. You can check your thinking with a summary, like this:

Not having all the information about the wait time... how the visit was going to go today versus how it had gone in the past... that made you feel like we were disrespecting your time and your loyalty to this practice.

EVALUATE INFORMATION

See where needs overlap. Use what you learn to steer the conversation away from conflict and toward things you can both work on.

MAKE DECISIONS

Together, find ways to meet everyone's needs.

GENERAL GUIDELINES

- Start out with a greeting when applicable: "Hi Mr. Green!" "How are you, Covan?"
- Always be respectful.
- Avoid statements that are accusatory. Offer only statements that are factual when necessary.
- Ask permission to give your perspective, when appropriate.
- If an error was made, apologize for the error.
- Thank the person for providing their perspective, when applicable.
- Summarize information, when applicable.
- Follow through with what you say you are going to do.

AIM SCENARIOS

These example scenarios incorporate AIM and other problem-solving techniques.

Example 1

Jane is a medical assistant with Premium Health Care and is frustrated because Cindy, a colleague at the clinic, never helps with sterilization of the instrument packs even though she uses sterile packs all the time. Today, Jane is particularly upset because Cindy used a pack that Jane specifically prepared for one of her patients coming in later this afternoon. Now, Jane must quickly scrub all the instruments from the pack that Cindy used and re-sterilize them before her patient arrives.

AIM STEP	DIALOG	TECHNIQUES
FRIENDLY OPENER	Jane: Hi Cindy, how are you doing?	
	Cindy: I'm doing well. Have a little bit of the sniffles but feeling pretty good overall.	
	Jane: Sorry to hear that, Cindy.	
ALIGN	Cindy: Oh, I'll be fine.	
	Jane: I hope you feel better soon! I noticed that you used a sterile pack that was prepared for Mr. Parker today. Can you tell me a little bit about the circumstances that prompted you to use the pack that was originally assembled for a different patient?	<i>Open-ended question</i>
	Cindy: Sure. Mr. Parker came in after accidentally dropping a brick on his big toe. The nail was just hanging on by a thread, so Dr. Wong needed to remove it right away.	
	Jane: So, you were in a difficult situation. You wanted to take the time to prep a tray, but you couldn't. And Mr. Parker's tray was the only one ready to go.	<i>Empathetic response</i> <i>Critical thinking (listening to what and why)</i>
	Cindy: Yes, that's right. I saw Mr. Parker's name on the pack but just didn't have any other alternatives.	
	Jane: Thanks for sharing that with me, Cindy. That was helpful. Do you mind if I share some things from my perspective?	
	Cindy: No, go ahead.	
	Jane: I know you needed to use that tray because it was an emergency, but I wasn't aware of the emergency, so when I went to assemble my supplies for Mr. Parker's procedure, I noticed it was gone and there were no other packs available. Thankfully, I had just enough time to sterilize the instruments prior to the surgery, but if I wouldn't have checked that pack, it would have put our team and the patient in a bind because we wouldn't have the supplies we need when the patient comes into the office.	

	Cindy: I'm sorry, I meant to say something to you but I just forgot.	
	Jane: I get it, emergencies are difficult. They disrupt normal flow and routines, which makes it more likely to forget things. And I wanted to talk about what we can do to make that go better, because I've noticed some other times when maybe you've had to use trays in an emergency and didn't replace them or tell someone.	<i>Empathetic response</i>
	Cindy: I know that I sometimes use packs that were made for other people. I'm sorry, I'm just having a difficult time getting everything done.	
	Jane: Maybe it would help to talk about what's making it tough to get around to replacing them or telling someone?	<i>Critical thinking (listening to what and why)</i>
	Cindy: Yeah, of course.	
INQUIRE	Jane: What is your usual routine when you need a tray?	<i>Open-ended question</i>
	Cindy: If I know that someone with a planned procedure is coming in, I normally check to see if a tray is available, if not, I go ahead and make one up.	
	Jane: That's good, what is your usual procedure when you need a pack for an unplanned procedure, like today's procedure?	<i>Open-ended question</i>
	Cindy: To tell you the truth, I am usually so busy, that I just take the pack and hope that no one needs it until I have time to prepare a new pack.	
	Jane: So, this typically isn't a problem for planned procedures, only for unplanned procedures. You're just too busy on those occasions to stop and prepare another pack following the procedure.	<i>Critical thinking (Summary)</i>
	Cindy: Yes, when an unplanned procedure occurs, it usually backs me up and I'm running behind the rest of the day.	
	Jane: I hear you. Sometimes one thing throws the whole day off and I can't catch up. Those are the days I just collapse on the couch when I get home.	<i>Empathetic response</i>
	Cindy: Yeah, it's really exhausting.	
	Jane: Yeah! And... I'm glad the pack I prepped helped you stay on top of your day. At the same time, from my perspective, sometimes having to prep an extra pack is the thing that makes me run behind for the whole day.	<i>Empathetic response</i>
	Cindy: Yeah... I hear that. I guess I always thought of you as, like, Super MA. You're always so on top of everything! But... I definitely don't want to be the reason you collapse on the couch.	
	Jane: I'd love it if neither of us had to collapse at the end of the day, and I think we can figure something out!	
	Cindy: Yeah, definitely.	
MAKE A PLAN	Jane: What do you think we can do?	<i>Open-ended question</i>
	Cindy: First off, from now on, I will check with the team that prepared the pack to see if I have their permission to use the pack.	
	Jane: That will be helpful. Do you have any other suggestions for improving the current process?	<i>Open-ended question</i>
	Cindy: If I have time to sterilize the pack... so that it is ready for the next patient's procedure, I will go ahead and do so. However, if I don't have time to do so, I will let the other team know ASAP.	

Jane: That's a great plan, Cindy. And I will go to the clinical supervisor today and see if she can order extra instruments for a couple of extra nail packs so that we have backups when necessary.

Cindy: That would be great.

Jane: Ok, just to make certain we are on the same page, do you want to summarize the game plan for moving forward?

*Critical thinking
(Summary)*

Cindy: Sure, before taking any packs that were prepared for specific patients, I will check with the team that prepared the pack to see if they approve. If the team approves, I will make certain the pack is sanitized, sterilized, and dry before the next team needs it.

Jane: That's great, and if you don't have time to sterilize before the intended patient comes in for an appointment, let someone on our team know so that we can prepare the pack. And like I said before, I will talk to the supervisor about getting new instruments so that we can always have backups.

Cindy: Thanks for pulling me aside to discuss this. You really helped me see things from your perspective.

Jane: And you helped me see things from your perspective. Never hesitate to reach out if you need assistance.

Cindy: Thanks, Jane!

Jane: You bet!

Example 2

Ahmed, a phlebotomist for a satellite draw center is upset because Destiny, another phlebotomist, always takes Ms. Santiago back for her blood draws, even if another tech is next in line to get the patient. Ahmed is perfectly capable of drawing the patient's blood, but Destiny always shoots into the room when she sees the patient is on the schedule.

AIM STEP	DIALOG	TECHNIQUE
ALIGN	<p>Ahmed: Hi Destiny, if you have a few minutes, I would like to talk to you about Ms. Santiago.</p> <p>Destiny: I have a few minutes before the next patient. What's up?</p> <p>Ahmed: I've noticed a few times when Ms. Santiago's been in my chair, you've come in to take over the blood draw.</p> <p>Destiny: Yes, that's because she only wants me to draw her blood.</p> <p>Ahmed: Okay, interesting. The reason I bring it up is because it disrupts the schedule when you do that and I am concerned that Ms. Santiago doesn't trust me or anyone else but you to draw her blood.</p> <p>Destiny: Yeah, I get that.</p> <p>Ahmed: I'm thinking maybe we could talk about a way we can help Ms. Santiago to trust me and the other techs to draw her blood.</p> <p>Destiny: We can try.</p>	

INQUIRE	<p>Ahmed: What do you think makes her only want you to draw her blood?</p> <p>Destiny: I think it's because I always get her blood on the first try... other techs stick her multiple times.</p> <p>Ahmed: Oh. That would make sense. It would help me understand if we could look at the logs. Would that be okay?</p> <p>Destiny: Sure, go ahead.</p> <p>Ahmed: (Looking at the log) Looks like Ms. Santiago has had her blood drawn on 12 different occasions here. One of those sticks was with Millie Crawford. Oh, yeah, it does appear it took her three sticks to get blood on that day. And two other techs have drawn her blood and missed her vein on the first stick. The remaining sticks have been with you. All successful on the first stick!</p> <p>Destiny: But of course....</p> <p>Ahmed: I get it. You're looking out for her. And it makes perfect sense why she feels comfortable with you.</p> <p>Destiny: Of course. I'm always happy to see her name on the list, y'know?</p> <p>Ahmed: That makes me a little worried about the upcoming transfer request you have in for one of our sister clinics 40 miles away.</p> <p>Destiny: I know, Ms. Santiago will be sad.</p> <p>Ahmed: She sure will. We really need to get this resolved as soon as we can so that while you are still here, her visits don't disrupt the schedule and she can start trusting others to draw her blood.</p> <p>Destiny: Okay. I can see why you wanted to talk to me.</p>	<p><i>Open-ended question</i></p> <p><i>Critical thinking</i></p> <p><i>Critical thinking</i></p> <p><i>Empathetic response</i></p>
MAKE A PLAN	<p>Ahmed: Do you have any suggestions for how we move forward with her?</p> <p>Destiny: How about during her next visit, we have you draw her blood? I'll come in and explain why someone different is performing the procedure.</p> <p>Ahmed: Okay and maybe you can stay in the room the first couple of times I stick her or when one of the other techs stick her so that she feels more comfortable.</p> <p>Destiny: That's a great idea.</p> <p>Ahmed: So, just to summarize our plan for moving forward, the next time Ms. Santiago comes in to have her blood drawn, you will meet with her first and then have me draw her blood while you are in the room.</p> <p>Destiny: That's right, Ahmed. I apologize for not thinking this through a little better. I appreciate you bringing this to my attention.</p> <p>Ahmed: No worries, Destiny. We both just want what's best for the patient.</p>	<p><i>Open-ended question</i></p> <p><i>Summarize</i></p>

Example 3

Mr. Crumb is calling because he received a bill that includes charges for services he didn't receive. Wesley is a medical administrative specialist that works in billing and will be handling the call.

AIM STEP	DIALOG	TECHNIQUE
ALIGN	<p>Wesley: Good afternoon, Primary Care Billing, Wesley speaking, how may I help you?</p> <p>Mr. Crumb: Hello, my name is Harold Crumb and I just received a bill for services that I never had performed.</p>	
	<p>Wesley: Let's see if we can't get this resolved together. Will you give me your date of birth?</p> <p>Mr. Crumb: It's 10-10-1940.</p>	
	<p>Wesley: Thank you, Mr. Crumb! I just brought up your account on the computer. Can you tell me a little bit about the services you are questioning?</p>	<i>Open-ended question</i>
	<p>Mr. Crumb: I am disputing the services that occurred on February 12th of this year. That's malarkey. I wasn't in on February 12th, I was in on February 10th.</p> <p>Wesley: Thanks for providing that information, Mr. Crumb. Let's see if we can work together to see what may have happened.</p> <p>Mr. Crumb: Alright.</p>	
	<p>Wesley: So let's start with the services you know you had on February 10th. Can you tell me everything you remember about that visit?</p>	<i>Open-ended question</i>
INQUIRE	<p>Mr. Crumb: Well, I was in because I was having some GERD issues. The nurse took my vital signs and asked me a few questions and then the doctor came in. They didn't run any tests. The doctor just wrote me a prescription for my GERD and sent me on my way.</p>	
	<p>Wesley: All the information on that date matches the information you just provided, and you are certain you were not in on 12th so let me review this entry a little more and check something in our system. (Pause). Ahh, I see what happened Mr. Crumb. It appears there are three patients with your name in our system. Unfortunately, the information from one of the other two patients was accidentally entered in your chart.</p>	<i>Critical thinking</i>
	<p>Mr. Crumb: Don't people check to make certain they are entering the correct information into the chart? What would have happened if they prescribed the wrong medication for me?</p>	
	<p>Wesley: What I hear you saying is that not only are you frustrated you were billed for services you didn't have, but you're also concerned that errors like this may make you more vulnerable to medical errors like receiving the wrong medication.</p>	<i>Empathetic response</i>
	<p>Mr. Crumb: You took the words right out of my mouth.</p> <p>Wesley: I'm sorry this happened. This sort of thing doesn't occur very often, because of safeguards that we have in place, unfortunately this one somehow got through.</p> <p>Mr. Crumb: Well, it's not your fault.</p>	

**MAKE A
PLAN**

Wesley: I'm going to fix this while you're on the phone, if that's okay with you.

Mr. Crumb: Yes. I appreciate it.

Wesley: Mr. Crumb, I just made a note in the chart that this information was entered in error. I also went into your account and zeroed out your balance, noting that the charges were entered in error. I will be fixing the other patient's chart and account when we end the call. Is there anything else I can help you with?

Mr. Crumb: Are you sure I won't receive any more bills for this?

Wesley: No, you will not be receiving any more bills for this encounter. You can go into the patient portal to see the adjustments I just made to your account.

Mr. Crumb: That's okay, I trust you.

Wesley: Thanks, Mr. Crumb. I hope you have a great day.

Mr. Crumb: You too. Thanks for your help!

Wesley: You bet. Good bye now.