

UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

## **MEDICAL COMMUNITY CONTACT PROGRAM**

*“The patient has the right to be advised;  
the medical community has the need to be informed”*

**AFFILIATED SUPPORT GROUP REPRESENTATIVE**

## **REFERENCE MANUAL (SELF INSTRUCTIONAL)**



UNITED OSTOMY ASSOCIATIONS OF AMERICA, INC.

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## **TO THE ASG BOARD OF DIRECTORS**

Perhaps the most crucial responsibility in starting this Program in your group is the selection of the ASG Representatives. To get that right person can sometimes be difficult, but you should not accept anyone but that right person. Listed below are some guidelines to help you in making that decision.

### **The ASG Representative Should:**

- Believe in the goal of the UOAA and the local ASG
- Have a pleasant, outgoing personality
- Be congenial, dignified, well mannered and tactful
- Be able to relate comfortably to people
- Know the subject matter (visiting program and other ASG services)
- Know when to talk and when to listen
- Know how to take rejection and be persistent
- Have some free time (or a flexible schedule) to devote to the program, perhaps 5+ hours a month

There may be other individual qualities that should be looked for. If so, add those you think important.

### **OTHER FACTORS THAT SHOULD BE CONSIDERED AND DISCUSSED**

- Since the position is an accountable one, the ASG representative should keep records and make periodic reports to the ASG board of Directors.
- The term of service should be at least two years with an option to renew the term. It is important that the ASG and its representative have a cooperative and continuing relationship with the medical community.
- It is suggested the ASG help fund the Rep. in making the medical community contacts. A recommended plan is to reimburse the Rep. for miles traveled plus parking. It is up to the Board members and the Representative to agree on compensations.

*After you have selected these people to represent your ASG, present them with copies of this self-instructed reference manual for them to study and then go out and sell the ASG's services to the medical community.*

# INTRODUCTION

**CONGRATULATIONS!!** You are about to embark on a most important effort for both your ASG and the cause of individuals with ostomies and continent diversions. Your role will be to contact members of your medical community and inform them of your group's services. Most people will agree there is no better way to promote your ASG visiting program and its services than a one-to-one discussion with members of the medical profession. While local support groups have been working for years with the medical community, this UOAA reference manual describes the process for making medical community contacts. We hope it makes your job easier!

It is designed to:

- Increase your medical community's knowledge about the benefits of your ASG and the UOAA and
- Increase their use of your group's patient visiting and support services.

## THE MANUAL

**THE REFERENCE MANUAL IS ORGANIZED AS FOLLOWS:**

**SECTION 1—OVERVIEW OF THE PROCESS**

**SECTION 2—PLANNING AND ORGANIZING**

**SECTION 3—"WHAT TO SAY" SUGGESTIONS**

**To create a personal presentation to a particular individual**

**SECTION 4—THE MEDICAL COMMUNITY**

**Instructions for calling on a specific group in the medical community. Information is included under "Suggested Procedure" and "The Visit".**

**SECTION 5—MEDICAL COMMUNITY CONTACTS**

- A list of medical community contacts and where to locate these people and places

- **How to obtain literature**
- **A copy of the ASG Representative Itinerary and report forms.**

## **SECTION 1 OVERVIEW OF THE PROCESS**

The key ingredients of a successful medical community contact program are:

### **UNDERSTANDING THE NATURE OF MAKING CONTACTS**

Think of the medical community audiences (nurses, doctors, pharmacists, etc.) as “customers.” Since you want them to “buy” your group’s services, you need to know what information and specific services will be of interest to them.

The notion of “selling” may seem out of place for your group’s work. But, remember that you are asking the medical community to take an interest in products and services (such as chapter literature and patient visiting) which they may not have used before. Thus the ASG needs to demonstrate how these ASG services will be of benefit to their patients and make their job easier.

### **KNOWING YOUR SPECIFIC AUDIENCE**

Each type of audience you may contact (for example, nurse, doctor, pharmacist) has a different relationship with the ostomy or continent procedure patient or patient-to-be. Each one may need a different service or combination of services from your ASG.

Within a particular category (for example, doctors), the individuals may have different needs. In one hospital doctors may be able to call on a WOCN and in another hospital they may not. Thus, in looking at your audience’s needs, look also at the resources they already have and the environment in which they work (big hospital vs. small hospital).

### **KNOWING YOUR MEMBERS**

As with ASG visitors, certain characteristics of those making medical community contacts are particularly important to the success of this program.

Many personal attributes of the ASG Representative are similar to those who make a good visitor to patients:

- Relating comfortably to people.
- Knowing the subject you are discussing
- Knowing when to talk and when to listen

- Actively listening to make sure you understand and are responding to the person's needs and not your own
- Accepting "rejection" of your offer of ASG services without taking it as a personal rejection or as a failed visit.

For visiting the medical community, at least one additional characteristic is important, knowing how to be assertive in talking about your ASG services without being too pushy!

## **SOME BASIC STEPS**

The basic steps of the contact program are:

Identify the possible medical contacts available in your community. Will you approach suppliers? Hospital discharge planners? Doctors? And what types of doctors—general surgeons, colo-rectal surgeons, gastroenterologists?

Decide which contacts to reach sooner and which ones later. For example, "as a foot in the door", you can start by contacting physicians you already know or you can make the best use of member's time by starting with a setting where you can get the most out of a single visit, such as a hospital.

Using other members, practice the process of making a contact. What will you say when you first meet the contact? What literature will you hand out? If you are the only representative for your ASG you may still want to rehearse the process with someone you know.

## **SECTION 2 PLANNING AND ORGANIZING**

This section describes the basic steps to take as you plan and organize the Medical Community Contact Program.

Look at the categories of medical contacts (SEE APPENDIX). This will give you an idea of the various people and places that encompass a medical community.

Select the contacts you want to concentrate on first. Here are some of the ways of making this selection:

- Some that you (chapter members) already know or whose services you use
- Someone or some organization particularly well-known in your community
- Someone who can provide you with references to others
- Someone or organization, such as a pharmacy or local surgical supply company, but not necessarily familiar with your ASGs services
- An organization where you can contact more than one person during a visit (such as a hospital)
- Someone who, if influenced, could affect others (the ripple effect); for instance, nursing students who when hired will share knowledge of ostomy and continent procedure services with others in their hospital or wherever they work
- Practical matters such as the ability of a member to visit a medical contact. (transportation; being available at the time needed to see the contact) and the contact's general availability

If more than one ASG representative will be making contacts at about the same time, make sure that your efforts do not overlap and that each knows what the other is doing. For instance, one member may be calling on a doctor in a hospital while another is making contact with a WOC Nurse in the same hospital. To prevent confusion, make a list of the contact each of you will be making using the ASG REPRESENTATIVE ITINERARY form in the Appendix.

Develop a 3 x 4 or 4 x 6 card for each medical contact. Put the contact's name and address on each card and any other information useful for making the contact.

After you have decided who your medical contacts will be and who will be doing the calling, use the next section --SECTION 3—WHAT TO SAY SUGGESTIONS—to create a personal presentation for each member of the medical community.

NOTE:--The discussions you will have with product suppliers and physicians and surgeons are somewhat different than the discussions you will have with the other contacts. As a result, the "WHAT TO SAY" SUGGESTIONS for those calls will be found in their individual sections.

### **SECTION 3**

### **“WHAT TO SAY” SUGGESTIONS**

NOTE: There are many points you can make when “selling” the services of your ASG.

Here are several suggestions for you to use in creating that personal presentation to that particular individual. Add to these suggested procedures your own proven experiences.

A WORD OF CAUTION: Do not offer the “customer” too much information. Make two to four specific points this time. The next time you contact this person review the points you made the first time, and then add another point or two.

## **THE UNITED OSTOMY ASSOCIATIONS OF AMERICA**

**UOAA MISSION**—The United Ostomy Associations of America is an association of affiliated, non-profit support groups who are committed to the improvement of the quality of life of people who have, or will have an intestinal or urinary diversion. It is dedicated to the provision of information, advocacy and service to and for its affiliated support groups, their members and the intestinal and urinary diversion community at large.

### **SERVICES OF THE UOAA**

**ADVOCACY**—The UOAA is your voice in a national and local forum for issues dealing with healthcare, insurance, both private and public and discrimination issues. [advocacy@uoaa.org](mailto:advocacy@uoaa.org)

**INFORMATION AND EDUCATION**—The UOAA supports a website at [www.uoaa.org](http://www.uoaa.org) that contains a wide variety of

- Educational materials
- Ads for the latest ostomy products
- Discussion forums
- Timely information pertaining to ostomy issues
- Information about the latest ostomy supplies
- Support and announcements about the national organization
- Donation acceptance capabilities
- A calendar of upcoming events

**THE PHOENIX MAGAZINE**—The Phoenix is the official publication of the United Ostomy Associations of America. Each issue is filled with success stories, helpful hints, a doctor and nurse’s column and what’s new in the ostomy world. Annual subscription is \$25. Issues are published in December, March, June and September. Free trial issues are available. For more information call; 1-800-826-0826

## **THE LOCAL AFFILIATED SUPPORT GROUP (ASG)**

Our group is affiliated with the United Ostomy Associations of America. Our group offers ostomy and continent procedure information, a newsletter and regular support group meetings for people with ostomies and continent procedures. These may be of particular interest to people who do not have support systems in their community. Meetings feature ostomy supply manufacturers, WOC Nurses, doctors and other related speakers. A valuable part of these meetings are the times of sharing. The exchange of knowledge, ideas and support shared at these meetings will greatly benefit the patient and their families.

### **THE VISITOR PROGRAM**

- The ASG visiting program is part of the rehabilitation team effort. Trained visitors support the doctor's services to the patient and well as the WOC nurse and other nurse's care and teaching.
- We work with other members of the rehabilitation team including doctors, WOC nurse, discharge planners, suppliers, family and friends.
- Describe the Visitor Program is the backbone of the local support group. Trained visitors will meet with pre and post surgical patients in the hospital and in the homes at the request of the patient.
- Show the contact person a copy of the Visitor Training Manual and explain how visitors are trained.
- Acquaint all the members of the medical community with the fact that your visiting program is free and that all visitors are trained volunteers.

### **THE VISITOR**

- Prerequisites for individual's selection as a ASG visitor is an acceptance of and adjustment to one's surgery, a successful completion of an approved visitor training program, a genuine commitment to helping others and a willingness to cooperate with professional contacts.
- As a member of a team whose goal it is to help the patient return to health and activity the visitor provides help which cannot be duplicated. "We have been there".
- Our experienced and trained visitors have completed the UOAA Visitor Training Program and are qualified to offer the patient or patient-to-be educational and psychological support.
- If true, please point out that your ASG has trained spouses and significant others as visitors also. Sometimes a trained couple will visit another couple. Family members are undergoing their own stress at this time.

### **THE VISIT**

- We provide support to patients before and after surgery using our trained visitors.
- We provide support both before they leave the hospital and after they return home.
- We describe what life is like with an ostomy or continent procedure, how we live normally and offer management hints.
- WE GIVE NO MEDICAL ADIVCE!
- We select a trained member of the ASGs visitor training program to visit a new patient or patient-to-be. This visitor is matched as nearly as possible by type of ostomy or continent procedure, gender, sexual orientation, age, marital status, occupation, avocation and other details of compatibility.
- We explain the nature and purpose of the visit, including the difference in preoperative and postoperative visits.
- We discuss the preference in seeing the patient before surgery.
- We emphasize that we provide services to anyone in need and that the patient does not have to be a member of the ASG to receive services.
- We offer a sympathetic ear.

## **INVOLVING THE MEDICAL COMMUNITY**

- Invite all members of the medical community to attend your local meetings. Ask if they would be willing to be a speaker at one of your meetings.
- Welcome them to monitor your ASG visitor training sessions and better yet, help with the sessions.
- A possible entrée to offices of other physicians and surgeons can be a short letter of introduction from your ASGs medical advisor(s) explaining the purpose of your visit.

*Now use the next sections for suggestions on how to plan and make the actual visit.*

## **SECTION 4**

### **THE MEDICAL COMMUNITY**

#### **PRODUCT SUPPLIERS, DEALERS AND PHARMACIES**

##### **GENERAL COMMENTS**

Of all the calls you make, the suppliers may be the most cooperative and helpful. If the volunteer(s) are unfamiliar with the process of calling on individuals, a supplier or pharmacy may be a good place to start.

The process described here assumes the supplier is unfamiliar with your ASG and its services. Modify the procedure below for those suppliers who are familiar with the ASG.

## OBJECTIVES OF THE CONTACT

As a result of your contact the supplier will:

- Understand your ASG and its services
- Let you leave your local brochure and other literature and make them visible and available to their customers.

## SUGGESTED PROCEDURE

The telephone:

If possible, call ahead of time:

- Find out who is in charge of ostomy supplies
- Talk to that person by phone stating the purpose of the call—"I am \_\_\_\_\_ and I represent the \_\_\_\_\_ ASG of the United Ostomy Associations of America. I would like to make an appointment with you to describe the group's services and discuss how our ASG could be of help to you and your ostomy and continent procedure customers....We have a similar concern, supporting the patient".
- Arrange a convenient time to come in. (for instance, when customers are few)
- During the call find out what the supplier already knows about the ASG and the UOAA.

## THE VISIT

Upon arrival ask to see the individual you talked with on the phone. If there was no pre-visit contact ask to see the owner or manager. Explain who you are and who you represent. Ask to speak to the person in charge of the ostomy supplies.

Describe briefly the purpose of your visit:

Acquaint the supplier with the ASG services available..."I am part of the team supporting ostomy and/or continent procedure patients. We can talk to them in unique ways since "we have one". We know the proper supplies make a significant difference in being accepted and becoming well adjusted".

Depending on how familiar the supplier is with the local group discuss such points as:

- We provide support to people with ostomies or continent procedures both before surgery and after surgery using our trained volunteer visitors
- We describe what life is like, how we live normally and hints for management.
- WE GIVE NO MEDICAL ADVICE!
- We work with other members of the rehabilitation team including physicians, WOC nurses, discharge planners and the families and friends of the patient.
- We offer a newsletter and regular meetings for those people who have an ostomy or continent procedure and interested others.
- The ASG is affiliated with the United Ostomy Associations of America which provides its member ASGs with literature and other resources along with a “hotline” 1-800-826-0826 and website [www.uoaa.org](http://www.uoaa.org)
- Describe the ASGs visitor program. Write the visitor coordinator’s phone number down and leave some local ASG brochures.
- Ask the supplier to call the coordinator if one of their customers needs assistance.

Ask the supplier if they have any questions about your ASG and its services. Leave a card with the name of your ASG, website if you have one and the phone number of your visitor coordinator.

Give the supplier a card with your name and phone number on it and ask them to call when they run low of any literature you leave them. Thank them for leaving the literature in a prominent place near their ostomy supplies.

Encourage the supplier to call your ASG if they have any questions.

## **HOSPITALS**

## **WOC NURSES**

### **GENERAL COMMENTS**

The WOC Nurse may or may not be familiar with your ASG and your visitor and other services. It is important to find this out early in the contact in order to adapt your approach to the WOC Nurse.

### **OBJECTIVES OF THE CONTACT**

As a result of your contact the WOC Nurse will:

9.

- Understand the services your ASG provides, particularly visiting services.
- Know about literature available to patients.
- Know how to reach your group for support to patients
- Have their questions answered and their needs understood.
- Provide the ASG contact member the names and locations of the Director of Nursing and the surgical floor nurses and if possible introduce the member to those nurses.

#### THE TELEPHONE CALL:

The call is essentially the same as with all first phone calls to any potential contact. During the phone call find out how much the WOC Nurse has worked with your ASG and how familiar the nurse is with your services.

#### THE VISIT

During the visit, if the WOC Nurse is familiar with your ASG and its services, this is the time to:

- Have the WOC Nurse associate your name and face with the group's services. Personalizing your services in this way may increase the likelihood that the WOC Nurse will use the services your ASG provides.
- Check to see if there are any additional services the WOC Nurse wants from your group including literature.

If the WOC Nurse is not familiar with your group's services then:

Create a personal presentation for this nurse using the WHAT TO SAY SUGGESTIONS then continue with the following:

- Give the WOC Nurse copies of your local ASGs literature for providing to patients. The UOAA basic brochure can be used also.
- Provide a card, which you have completed in advance, with the name of your ASG, the contact person/visitor coordinator and a contact phone number. Ask the WOC Nurse to call this number if one of their patients needs assistance.
- Ask the nurse about putting you in touch with the Director of Nursing and surgical floor nurse so you can discuss your services with them. Ask if the nurse would like to make the contacts or if you should do so directly. Offer additional literature for this purpose.

In closing, let the WOC Nurse know that your ASG will be contacting the physicians and surgeons in the area to explain the group's visiting and other services to them. Ask the nurse for any suggestions on names you could contact and the best approach to use.

## **DIRECTOR OF NURSING AND THE SURGICAL FLOOR NURSES**

This section primarily describes ASG Representative contacts to hospitals without WOC Nurses.

### **GENERAL COMMENTS**

If the hospital you are calling on does not have a WOC Nurse the Director of Nursing and the surgical floor nurses become particularly important. You will not need to call on the director as frequently as you do other hospital personnel. Perhaps every 12 to 18 months to say hello and to determine if you can help with any issues.

### **OBJECTIVES OF THE CONTACT and THE PHONE CALL**

These are essentially the same as with contacting the WOC Nurses. Ask the Director of Nursing about putting you in touch with the surgical floor nurses so you can discuss your ASGs services with them. Ask the Director about talking with the floor nurses individually or talking to the nurses during one of their in-service training sessions. The in-service training session is probably the most practical way of talking to the surgical floor nurses but leave the decision up to the Director.

If talking at an in-service training is agreeable to the Director of Nursing ask the Director whom to talk to about arranging your participation in the training session. The person might be the Education Director or other some such title. Request about 30 minutes at one of their sessions to explain the patient visiting program and other services offered by your ASG.

Create a personal presentation for the Director of Nursing and/or surgical floor nurses using the “WHAT TO SAY” suggestions in SECTION 3. Variations will take place based partly on their previous experiences with visitors and with the number of patients they see.

Leave them copies of your ASGs literature to give to their patients. Provide them with a card with the name of your ASG, the contact person and visitor coordinator along with their phone numbers to call if one of their patients asks for assistance.

## **DISCHARGE PLANNERS AND SOCIAL WORKERS**

### **GENERAL COMMENTS**

The discharge planners or social workers can play a very important part in directing the discharged patient to your ASG, particularly if the hospital does not have a WOC Nurse. They may be the bridge between individual as a patient and the individual leading a normal life. They are focused on helping the patient make that transition. These individuals play an increasingly important part of the healthcare of patients in today's care of patients.

The OBJECTIVES OF THE CONTACT, SUGGESTED PROCEDURE of the PHONE CALL and THE VISIT are essentially the same as the other contacts.

Ask if they know groups in the community who might be interested in hearing about your ASG's services.

## **PHYSICIANS AND SURGEONS**

### **GENERAL COMMENTS**

Of all the people you will be calling on in your medical community, the physicians and surgeons have the best opportunity to request a pre-operative visit for their patients as well as call for a visitor after surgery.

Objectives of the Contact are essentially the same as other contacts you will make in the medical community.

### **SUGGESTED PROCEDURE—THE RECEPTIONIST OR OFFICE MANAGER**

Make an appointment with the physician or surgeon either by phone or preferably by visiting the office of the doctor and personally talking with the receptionist or office manager.

Find out if either is familiar with your ASG services. Explain why you want to talk with the doctor. Ask about a convenient time to see the doctor. If the receptionist arranges a time, that is it, you are done.

The receptionist may not commit the doctor to a meeting time but may ask for any literature you have to show doctor or may offer to discuss your request with the doctor. A visit with the office manager may be the best contact to make in a doctor's office. They often have the discretion to see you in the doctor's stead.

## THE SECOND TRY

What do you do when the doctor will not see you at all? Follow up with a letter thanking the doctor for considering use of the ASGs services. Mention the visiting program and mention the value of pre-operative visit and include your ASGs basic brochure with the letter.

Mentions that you work with the local hospital's WOC Nurse, if that is the case and emphasize you are working in close harmony with the WOC Nurse.

## **COLO-RECTAL, PEDIATRIC AND GENERAL SURGEONS**

The Objectives of the Contact and Suggested Procedures are essentially the same for making other contacts.

Ask the surgeon about their previous experience in working with an ostomy support group. If the surgeon is not familiar with ostomy support groups or has not used former patients or other individuals for visiting new patients spend most of your time discussing the visitor program. Review the nature of the program and spend less time if the surgeon is familiar with visitor support.

- We provide support to people with ostomies and continent procedures before and after surgery using our trained visitors
- We provide support both before a patient leaves the hospital and after they return home.
- **WE DO NOT GIVE MEDICAL ADVICE!**
- We work with other members of the healthcare team including other doctors, WOC Nurses, discharge planners suppliers, family and friends.

Describe the visiting program. You can also use the UOAA Visiting Program Manual.

In describing the visiting process itself you can include such points as these:

- Use of trained visitors
- Matching visitor and patient with regard to type of surgery, sex and age
- The nature of the visit, including the difference in pre-operative and post surgical visits
- The preference for seeing the patient before surgery

Point out to the surgeon that your ASG has trained spouses as visitors also. Family members are undergoing their own stress at this time.

Leave the surgeon a quantity of your basic brochure and extra copies of your newsletter to give to patients.

Leave a Visitor Program card with the name of your ASG, the contact person (visitor coordinator) and their phone number.

It is possible the surgeon will not be able to talk with you and may refer you to their personal nurse or office manager. Depending on the individual circumstances, the nurse may turn out to be the person who will help influence the patient to have a visitor. Discuss with the nurse or office manager the same things you would have shared with the surgeon.

Use a “soft close” with these surgeons, such as:

“I hope you’ll have the occasion to use one of our trained visitors when the opportunity presents itself. Consider the pre-operative visit as I described it. If appropriate for the patient, it has many advantages for the patient. Call our ASG any time for a visitor or to request other services we provide. We want to help both you and your patients in any way possible”

A final note:

Some doctors use their own former patients who have had similar surgeries as visitors. They know these people personally and have confidence that they will be helpful to their patients. If that is the case, acknowledge and accept the doctor’s choice. You can still point out, however, that if the doctor needs a special match by age, sex or by other characteristics or circumstances, your trained visitors are available. And if their former patients do not know about the local ASG and its services, the doctor can pass along that information or call us.

## **GASTROENTEROLOGISTS AND INTERNISTS**

### General comments

For the most part, gastroenterologists and Internists will be treating patients with ulcerative colitis, familial polyposis (FAP) and Crohn’s disease. They may also diagnose patients with cancer of the colon, rectum and bladder, but will refer the patients to the appropriate specialist or surgeon.

The colitis, FAP and Crohn’s disease patient may not respond to medical treatment and as a result, may become a candidate for surgery. These patients may be reluctant to have an ostomy or continent procedure visitor even though the doctors have told them that they will have an ostomy or related surgery. Some reasons might be;

- The Visitor may remind them of the reality of the situation.

- The patient may fear how the Visitor will look and that the Visitor will confirm the patient's worst imaginations.
- The pre-operative patient may be too physically ill for a Visitor.
- The pre-operative patient may be too depressed to engage with a visitor.
- Some individuals do not want to share personal aspects of their life with others.

With this in mind, accept the refusal and do not persist.

The objectives of the contact and suggested procedures are essentially the same as other contacts.

## **HEALTH MAINTENANCE ORGANIZATIONS (HMOs)**

### **GENERAL COMMENTS**

There are many Health maintenance Organizations (HMOs) in the United States. Many of these have their own hospitals and clinics and are staffed in-house by their own physicians and surgeons (a group practice). They may also have a WOC Nurse on staff. The group practice type of HMO is the focus of your medical community contact.

The Objectives of the Contact and Suggested Procedures are essentially the same as other contacts.

The telephone call and visit to the contact will be the same as similar contacts.

### **THE ALTERNATIVE APPROACH:**

- If the HMO does not have an WOCN, call on the Director of Nursing and through the Director, the surgical floor nurses. Ask the Director about making contact with the physicians and surgeons.
- Call on the HMO Chief of Surgery, the Chief of Urology and the Chief of Gastroenterology and/or Medicine to explain your ASG's services.

## **VISITNG NURSE ASSOCIATIONS, HOME HEALTCARE**

## GENERAL COMMENTS

The visiting nurse may ask the patient after they return home if they want a visitor. The visiting nurse provides a vital transition for the patient between hospital and home care and may be involved in the continuing care of the individual.

Many healthcare systems have their own home health care programs and some cities may have independent agencies that contract with various hospitals.

The Objectives of the Contact and the Suggested Procedures are essentially the same as other contacts.

Ask the Director of Services to contact their community health nurses to arrange for you to talk with them individually or as an in-service training session. The in-service session is perhaps the most practical way of talking to this group. If making a presentation during an in-service session is agreeable with the Director, as whom to talk to about arranging your participation in the session.

Request about 30 minutes or so to explain the ASGs services to the patients; i.e., the visiting program and other ASG services.

Leave enough cards with name of your ASG and contact information for each of them. Ask the nurses to call your visiting coordinator of one of their patients would like to talk to a visitor.

Ask the nurse if they have any questions and allow time to address their specific needs. For example, if you have half an hour use no more than 15 minutes or even 10 minutes for what you have to say.

Most important, listen to the group's needs and adapt your discussion accordingly.

## **ALLIED AGENCIES AMERICAN CANCER SOCIETY (ACS), CROHN'S AND COLITIS FOUNDATION OF AMERICA (CCFA), ETC**

## GENERAL COMMENTS

Many of the UOAA ASGs are quite involved with their local or Division offices of the ASC and the CCFA among other healthcare organizations.

Contact the local or regional Executive Director to find out what person would be best to make the contact with. The ACS has one or more staff person who works with patient education. The CCFA usually has an Education chairperson on their Board of Directors with a supporting office staff person.

The Objectives of the Contact and Suggested Procedure would be the same as making contact with a medical professional.

It is suggested you ask to be involved with any education seminars or health fairs sponsored by any of these organizations. An exhibit table would be appropriate.

## **WOUND, OSTOMY AND CONTINENT NURSES SOCIETY**

This is the official name of the organization that a certified WOC or ET nurse belongs to. The WOCN is divided into several regions and each holds a regional conference or seminar annually in their respective region.

Find out through their website [www.wocn.org](http://www.wocn.org) when their regional conferences are held and who their local chairperson is. Contact this person and ask if you may have an exhibit table at their regional conference. This is an excellent way to meet many of your region's nurses. Contact the UOAA and see if they plan to participate in any of the WOCN regionals.

## **TEACHING INSTITUTIONS PHARMACY, NURSING AND MEDICAL SCHOOLS**

### **GENERAL COMMENTS**

As these calls are directed to students in the health professions, they are "future oriented". That is, the students may apply the information you provide more in their career ahead of them than at present. On the other hand, students in medical, nursing and pharmacy schools will carry their knowledge of individuals with ostomies and continent procedures and their services provided through the local ASG to their jobs and hopefully share the word with others. These contact calls should be made yearly.

The Objectives of the Contact are essentially the same as other contacts.

Start by calling the Dean's office of the school. Explain who you are and who you represent and explain your desire to visit the appropriate classes.

If the Dean's office agrees to your request, ask for direction in how to proceed. You'll likely be talking to students in a classroom setting.

In arranging to attend a class meeting work with the instructor on where the students are in their studies, what they know about these types of surgeries, how much time you will be given and so forth. In other words, go in knowing your audience.

Share with the students the essence of the services available from your ASG. Allow a good amount of time for questions in order to address their specific needs. They will probably be most interested in how to manage day to day, psychological adjustments after surgery and how they can better relate to the patients they care for. Most important, listen to the group's needs and adapt your discussion accordingly.

## **GOVERNMENT MEDICAL FACILITIES VETERAN'S ADMINISTRATION MEDICAL CENTERS AND CLINICS**

### **GENERAL COMMENTS**

The Veteran's Administration (VA) operates both medical centers (Hospitals) and clinics (Outpatient). These institutions may or may not have a WOC Nurse on staff. Also the volume of ostomy or continent procedure patients will vary from center to center. Call the clinic or center and ask if a WOC Nurse is on staff. If the medical center does not have a WOCN on staff, call the Nursing Director and make an appointment to visit in person.

The Objectives of the Contact and the Suggested Procedure is essentially the same as other contacts. Follow the Procedures for contacting the surgical floor nurse also.

You can also contact the Chief of the Veteran's Administration Voluntary Services. Call and introduce yourself and make an appointment to visit in person. Ask this person to introduce your ASGs visitors to the appropriate VA personnel they should see. This person can also assist the visitor in proper VA procedures.

## **MILITARY MEDICAL CENTERS AND CLINICS**

### **GENERAL COMMENTS**

The procedure for contacting military medical centers and clinics are varied. As a result, your contact approaches will vary. One task is for the contact person is to find out just what those procedures may be. The Objectives of the Contact and the Suggested Procedures will be essentially the same as other contacts.

## **PUBLIC HEALTH DEPARTMENTS (CITY, COUNTY AND STATE)**

### **GENERAL COMMENTS**

The procedures at the public health departments run by the city, county and state are varied. Your contact approaches will vary. One of the tasks will be to find out what these procedures may be.

The Objectives of the Contact and Suggested Procedures will be essentially the same as other contacts. Mote than likely you will be contacting the Medical Director of these agencies. Find out if they are familiar with your ASG. If the Director feels that someone else should talk to you, find out who and ask if the Director will introduce you to that person(s) or if you should make a direct contact.

## **RETIREMENT HOMES, ASSISTED LIVING AND NURSING HOMES**

### **GENERAL COMMENTS**

While these facilities may have few people with ostomies or continent procedures those residents may have limited contact with a WOCN or other health care professionals who work with these types of patients. The residents may also be limited in their ability to access support groups, such as attending local ASG meetings. Your contact at these facilities is likely to be the Director of Nursing.

The Objectives of the contact and Suggested Procedures are essentially the same as other contacts. Doing an in-service for the facility nurses may be a good way to make the facility staff familiar with the support and services of your ASG. Remember, we cannot do any patient care!

## SUMMARY

Truly, you are in a selling situation. The bottom line is that you want your contacts in the medical community to understand the benefits of your ASG's visiting program and to recommend a visit for their patients. The benefits of a visit for their patients can be a strong selling point. You are an example of a beneficial visit.

The word to remember in all your contacts is tact. You need to get a foot in the door to sell the visiting services. Once inside, you need to continue in a professional manner and approach in discussing the ASG's services. A "hard sell" may have more negative results than positive ones.

Never use the word "Club" when referring to your ASG! It suggests a social group instead of a health care rehabilitation organization.

Maintain personal and direct communications with your medical community contacts. Once you have built a relationship it becomes easier to make a call in six months to say "How are things going? Are you satisfied with our visiting program? Is there anything I can do to further help?"

To achieve success in the program, hard work and perseverance are needed. What is successful with one medical community area may not be so for another. Thus the importance of listening to your "customers" in order to understand their needs is essential. One size does not fit all. Our program works because those using it see its value—to them and to their patients. Add to the suggested procedures your own experience which has worked. Tailor the suggestions with what feels comfortable to you. Sincerity, tact, listening—these will help make the program successful.

A program of this importance also have accountability to make it work and continue, You, as a ASG Representative, are accountable to your ASG 20.

leaders and making reports at regular intervals. Use the Report Form and make copies of this form to use in your reporting.

**THE PEOPLE IN THE MEDICAL COMMUNITY ARE BUSY. EVEN STILL, THEY WILL LISTEN TO A WELL THOUGHT OUT PROPOSAL THAT WILL HELP THEIR PATIENTS. CONDUCT YOURSELF IN A PROPER MANNER AND YOU WILL BE WELCOMED BACK TO SEE THESE SAME PEOPLE AGAIN AND AGAIN.**

**IF YOU HAPPEN TO MAKE A “SALE” ON THE FIRST CONTACT, CONGRATULATIONS! THE CHANCES OF THIS HAPPENING ARE NOT GREAT. IT MAY TAKE YOU TWO OR THREE CONTACTS. THE KEY IS TO BE PERSISTENT AND DON’T GIVE UP. GOOD RESULTS WILL HAPPEN. IT MAY JUST TAKE A WHILE.**

**WITH A FEW NOTES EXCEPTIONS, MEMBERS OF THE MEDICAL COMMUNITY SHOULD BE CONTACTED EVERY SIX MONTHS.**

**REMEMBER**

*“The patient has a right to be advised;  
the medical community a need to be informed”*

## **MEDICAL COMMUNITY CONTACTS**

### **PRODUCT SUPPLIERS, DEALERS AND PHARMACIES**

#### **HOSPITALS**

- WOC Nurses
- Directors of Nursing
- Surgical Floor Nurses
- Discharge Planners and Social Workers

#### **PHYSICIANS AND SURGEONS**

- Colo-rectal surgeons
- Urologists
- Surgical Oncologists
- General Surgeons
- Gastroenterologists
- Internists

#### **HEALTH MAINTENANCE ORGANIZATIONS (HMOs)**

(Personnel to contact are the same as above)

#### **HOME HEALTHCARE ORGANIZATIONS**

#### **ALLIED AGENCIES**

- American Cancer Society
- Wound Ostomy Continence Nurses Society
- Crohn's and Colitis Foundation of America

#### **TEACHING INSTITUTIONS**

- Pharmacy schools
- Nursing schools
- Medical schools

### **GOVERNMENT MEDICAL FACILITIES**

- Veterans Administration Medical Centers and Clinics
- Military Medical Centers and Clinics
- Public Health Departments

### **NURSING HOMES, ASSISTED LIVING AND RETIREMENT FACILITIES**

### **LOCAL PROFESSIONAL ORGANIZATIONS**

- Physicians And Surgeons
- Nurses
- Clerical and Pastoral Groups

### **PHYSICIAN REFERRAL SERVICES**

Most hospitals have a Service that lists physicians on their staff by specialty. A copy can be available from the hospital's medical staff secretary or online.

### **ASG MEDICAL ADVISORS**

Your Medical Advisors can give you leads on surgeons and physicians treating patients with ulcerative colitis, Crohn's disease, Familial Polyposis, colon and bladder cancer, etc.

### **WOC NURSES**

Any WOCN in your local hospitals can provide you specific names of appropriate local medical contacts. If you are going to contact hospitals as part of this program, it is important to work with the WOC Nurse in that hospital.

### **ASG MEMBERS**

Input from members about physicians in the community including their own, plus suppliers and other medical community sources, could assist the ASG contact Representative.

## **TELEPHONE DIRECTORIES**

Use the Yellow Pages for names of product suppliers, hospitals and clinics, physicians and surgeon,. Home Health Care Organizations, health Maintenance Organizations (HMOs), Teaching institutions, Nursing Homes, Assisted living and Retirement facilities.

Use the White Pages will have listings of allied agencies and teaching institutions. Government facilities are generally listed in a separate "blue" section.

## **INTERNET**

The Internet is a very good source of information on finding contacts. Use any of the Search Engines such as Google, etc.

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## **OTHER CONSIDERATIONS**

Calling cards for the ASG Representative(s) can be printed by a local printer or on a computer giving the Representative's name, e-mail address and phone number along with the number and website, if your group has one, of your ASG. Add the Phoenix logo for an official touch.

The ASG Representative should have a portfolio or briefcase to carry literature and supplies.

Consideration should be given to offering reimbursement to the ASG Representative for mileage and parking when making medical community contacts.