**Weekly Individual Telehealth Cardiac Rehab Script**

IRB Approved at the Study Level

Nov 12, 2024

#42009732.0

[patient-engaged, CR staff-administered]

Hello Mr./Ms. XXXX

**Intro**: This is [name] from the Cardiac Rehabilitation Center. This is your weekly scheduled telehealth cardiac rehabilitation visit. Is this still a good time for us to talk? [If “yes”: proceed]

**Provide Encouragement:** I’m so glad that you joined me today.

**Today’s Visit:** Please remember that the purpose of our weekly conversations is to discuss exercise and lifestyle related questions and weekly tips. Medically related questions may come up during our conversation and we will refer you to discuss these with your medical care/health team.

**Health Check-In:** Before we continue, I just wanted to check whether you have been having any concerning symptoms, such as high or low blood pressure, high or low heart rate, chest pain, palpitations, and/or high or low blood sugar. If you get any of those symptoms, stop what you are doing and contact a member of your health care team right away. In case there are any emergencies during our call, can you tell me your current location?

**Technology Check-In:** Glad to hear you have been feeling well. Also, have you been having any difficulty using your Corrie app or do you have any questions about using your Corrie app that I can answer?

**Review Progress**

1. Since our last phone visit have you been hospitalized, gone to the emergency department, or seen your doctor? If yes, tell me more.
2. Are you having any symptoms of angina/chest pain, dyspnea/shortness of breath, or edema/swelling? If yes, can you please describe when and how often.
3. What steps have you made toward smoking cessation (for smokers only)?
4. Have you been monitoring your blood pressure? If yes, record values.
5. Have you been monitoring your weight? If yes, record values.
6. Have you been monitoring your blood sugars (for Diabetics only)? If yes, record values.
7. What did you do for exercise?

(If no exercise since we last talked, what do you think got in your way of exercising?)

* 1. Frequency-
  2. Intensity (Borg scale: 6-20) –
  3. Time-
  4. Type-

1. Describe how you felt after your last exercise session (pain, fatigue, angina, etc.)?

*If the participant is using the Corrie app, use the Corrie Clinician Dashboard to review progress from prior weeks. If the participant is not using the Corrie app, review the participant’s progress using logs.*

**Motivation**

Was there a particular goal that you were trying to work on this week?

* *Follow-up with reflections, open-ended questions, affirmations, and eliciting change talk (e.g., “You said you could have done a better job. In what way?”).*
* *Topics are likely to include exercise sessions, symptoms, and medication adherence, but may also include individual participant goals related to healthy eating, psychosocial well-being, or tobacco cessation.*
* *Participant may have goals that are not tracked (e.g., eat 5 fruits and vegetables each day).*

What goal(s) would you like to set for next week?

* *SMART – specific, measurable, achievable, realistic, timeline*
* What things will help you to achieve this goal? (offer registered dietician, psych, or pharm, if appropriate)
* What might keep you from achieving this goal?
* What is your plan?
* *Follow-up with reflections, open-ended questions, affirmations, and eliciting change talk*

Let me see if I understand where you are at with cardiac rehab right now…

* *Offer summary of past progress and next week’s goals*
* *Set participant exercise goal for next week following the Cardiac Rehabilitation Center Exercise Prescription Procedures*

Does that sound right to you?

**Health Education**

*If the participant identifies a particular health goal or challenge, offer health education specific to that particular health goal or challenge. This education can be provided as part of the motivational counseling portion of the visit, before developing the SMART goals. Vary the health education topics discussed at each weekly session. If the participant does not identify a particular health goal or challenge, offer health education and counseling:*

|  |  |
| --- | --- |
| **Topic** | **Link to Education Material** |
| Managing stress, depression, and burnout | https://www.healtheuniversity.ca/EN/CardiacCollege/Wellbeing/Stress\_And\_Sense\_Of\_Control/Pages/introduction.aspx |
| Choose healthy foods | https://www.healtheuniversity.ca/EN/CardiacCollege/Eating/Choosing/Pages/default.aspx |
| Take your medications | https://www.healtheuniversity.ca/EN/CardiacCollege/Disease/Heart\_Medications/Pages/introduction.aspx |
| Start an aerobic exercise program | https://www.healtheuniversity.ca/EN/CardiacCollege/Active/Aerobic\_Exercise/Pages/introduction.aspx |
| Start a resistance training program | https://www.healtheuniversity.ca/EN/CardiacCollege/Active/Resistance\_Training/Pages/introduction.aspx |
| Eat the Mediterranean way | https://www.healtheuniversity.ca/EN/CardiacCollege/Eating/Pages/mediterranean\_way.aspx |
| Moving more | https://www.healtheuniversity.ca/EN/CardiacCollege/Active/Active\_Living/Pages/recreational-activities.aspx |
| Develop a healthy relationship with food | https://www.healtheuniversity.ca/EN/CardiacCollege/Eating/What-is-healthy-eating/Pages/default.aspx |
| Sleep well | https://www.healtheuniversity.ca/EN/CardiacCollege/Wellbeing/Sleep/Pages/introduction.aspx |
| Strengthen social relationships | https://www.healtheuniversity.ca/EN/CardiacCollege/Wellbeing/Relationships/Pages/introduction.aspx |
| Creating a plan for change | https://www.healtheuniversity.ca/EN/CardiacCollege/Control/Goal\_Setting\_And\_Action\_Planning/Pages/introduction.aspx |
| Sit less, move more | https://www.healtheuniversity.ca/EN/CardiacCollege/Active/Active\_Living/Pages/sit-less-move-more.aspx |
| Sexual activity and your heart | https://cardiacrehab.ucsf.edu/sexual-activity-and-your-heart |

**Exercise**

If exercising with the participant – engage in exercise according to the individual’s patient assessment and prescription.

Review heart rate during exercise and at rest in addition to blood pressure.

**Closing**

* **Address challenges to participation:** Is anything getting in the way of you participating in this program?
* **Provide Safety Reminders:** If at any time you experience chest pain or concerning symptoms you should seek care immediately or call 911 for emergency services. This is a health program that supports you as you learn, connect, and exercise at home safely. It should not replace the supervision or advice of a healthcare provider.
* **Next Session:** Next week, we will be discussing XXX. Does this same day/time work for you next week or do we need to set up the meeting on a different day or at a different time?
* **Survey/Task Reminder:** Remind participant of any surveys or tasks.
* **Complete Session:** It was great speaking with you today, I will see you next week!