

Appendix 3. Telehealth Weekly Visit Script

Weekly Individual Telehealth Cardiac Rehab Script

[patient-engaged, CR staff-administered]

Hello Mr./Ms. XXXX

Intro: This is [name] from Cardiac Rehabilitation Center. This is your weekly scheduled 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. Medical 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 app or do you have any questions about using your app that I can answer?

Review Progress

1. Since our last phone visit have you been hospitalized, gone to the ED, 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, when and how often, describe
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 the way of you doing your exercise?)
 - a. Frequency-
 - b. Intensity (Borg scale: 6-20) –
 - c. Time-
 - d. Type-
8. Describe how you felt after your last exercise session (pain, fatigue, angina, etc.)?
9. Have you been making any changes to your diet (reduced sodium, healthier food choices, etc.)? If yes, what have you found to be the hardest?
10. Do you have any questions or need assistance with dietary changes?

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 RD, 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. 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.healthuniversity.ca/EN/CardiacCollege/Wellbeing/Stress_And_Sense_Of_Control/Pages/introduction.aspx
Choose healthy foods	https://www.healthuniversity.ca/EN/CardiacCollege/Eating/Choosing/Pages/default.aspx
Take your medications	https://www.healthuniversity.ca/EN/CardiacCollege/Disease/Heart_Medications/Pages/introduction.aspx
Start an aerobic	https://www.healthuniversity.ca/EN/CardiacCollege/Active/Aerobic_Exercise/Pages/introduction.aspx



exercise program	
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 health 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 participant – engage in exercise according to individual patient assessment and prescription.

Closing



- **Address barriers 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 physician 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 doctor.
- **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!

