

## WHEN ADMINISTERING PAM®

Best-practice guidelines to achieve reliable and valid Patient Activation Measure® (PAM®) responses are outlined below. These guidelines are based upon nearly two decades of formal research and the experience of hundreds of organizations administering PAM to the individuals they support. Faithfully adhering to these tenets and conforming to the fidelity of the Patient Activation Measure will yield the best results.

### Introducing PAM

- ❖ Proper introduction of PAM to the patient is the driver of reliable results. Therefore, great care must be taken when crafting an introduction dialogue. PAM should not be treated like other assessments. Patients will not fully understand what is being asked of them if they are not given proper context. The following key points must be addressed with the patient.
  - I. **The patient responses will help us personalize care and will remain confidential.** You may choose to reword this phrasing to fit your style but it is important to tell the patient that completing PAM will help you, the provider, tailor your care to this individual. Patients love to hear that they being treated as an individual and not just a number.
  - II. **It's important to be truthful and please don't answer how you think I want you to.** It may seem obvious that we want the patient to be honest, however, if we say it directly to the patient, they are more likely to be truthful.
  - III. **There are no right or wrong answers.** Again, this may seem obvious to the patient but stating this to the patient will have a profound effect on their answers.
  - IV. **There are 10 or 13 statements and should take less than 5 minutes.** Patients want to hear that it will be short and will not inconvenience their time.
  - V. **It's OK to disagree with some of the statements.** This is an important piece to remind the patient that it is OK to disagree with the statements. We have found that when patients are given permission to disagree, they will then be more honest with their answers.
  - VI. **Avoid words such as "Survey" or "Assessment."** Patients don't like to be surveyed or assessed, so it is best to avoid these words. You may want to include a phrase about how this will have no bearing on their benefits as some may have this concern.
  
- ❖ Here is an example of what this looks like in practice. You will want to modify this version to fit your nature style of speaking as we have found that speaking calmly and casually will put the patient at ease.

*Here at \_\_\_\_\_, we are dedicated to making sure our patients receive the best care possible. I have a series of 10 statements that I'd like you to respond to that will help me tailor areas of support for you. There are no right or wrong answers so it's important to be truthful. Many people find that they do not agree with all of the statements, this is normal. Your answers are completely confidential, have no bearing on your coverage and this should take less than 3 minutes to complete. Would you like to get started?*

## Administering PAM

- ❖ Additionally, we have learned over many years of practice that there are items and questions that arise during the administration of PAM. We have created a comprehensive list of things to keep in mind while administering.
  - I. **You must read or present the statements in order that they appear.** PAM is written in descending difficulty to “strongly agree” to “strongly disagree,” so skipping around will upset the syntax of PAM.
  - II. **You cannot change the wording or statements.** Patients may say that they do not understand words or phrases in a particular statement. You **cannot** offer alternative words or phrases as it introduces the administrator’s bias into the patient’s mind. The wording of PAM is very particular and if the patient states that they do not understand a word or phrase, let them know that the words and phrases only mean what the patient thinks they mean. Then let them decipher what their meaning is on their own.
  - III. **If the person can’t or won’t respond to a statement, mark N/A.** “Not applicable” is a perfectly acceptable answer to any of the statements.
  - IV. **Redirect if the patient goes off topic.** Gently redirect the patient to complete PAM and address any concerns brought up after PAM has been concluded.
  - V. **Do not start coaching the patient.** This is especially true if you have known the patient for some time and feel that their answers may not match your observations and sentiments.
  - VI. **Allow plenty of time for answers.** PAM is not timed, so give the patient the time they need to think about their answers.
  - VII. **‘Yes’ & ‘No’ are not answers.** ‘Yes’ and ‘No’ may sound positive or negative. Unfortunately ‘Yes’ and ‘No’ are not legitimate answers for PAM. The patient must respond with one of five allotted answers.
  - VIII. **Patient answers with all one type of answer.** Not common, but some patients will only answer “Agree” or “Strongly Agree” to all of the statements. A patient may do this for a wide variety of reasons, but if this is recognized early, you may interrupt administration and PAM may be started from the beginning. Skipping around is not allowed.
  - IX. **Patients whose first language is not English.** PAM has been worded so precisely that any variation in language can corrupt the patients’ answers. Even if the reader is bilingual and/or a professional translator, PAM must be administered in the language the patient feels most comfortable. PAM has been validated in several dozen languages, which are available upon request.
  - X. **Do not indicate that PAM will be scored.** We do not want patients to know that there is a score and a level associated with their answers. We want people to be honest and feel as though there’s something to attain.
- ❖ Finally, there are times in which administering PAM may not be appropriate. Here is a short, but not comprehensive list of occasions in which you may refrain from administering PAM.
  - I. **The patient has cognitive concerns.** The patient may have a cognitive or developmental issue and often it may be difficult to ascertain whether the person is able to complete PAM. This is a difficult and often grey area that is not easily answered. PAM is written at a sixth-grade education level and has a cognitive floor of around 75IQ. The decision to not administer PAM is often a clinical decision made by the person administering. A good rule is that if the patient has a clearly defined caregiver, then give the Caregiver PAM should be given to the patient’s caregiver.
  - II. **The patient is actively psychotic.** Keep in mind the word ‘actively’ here. A person may be well-managed and oriented yet still be diagnosed with psychotic features; this person can be given PAM and the reliability is not affected. However, if the person is actively psychotic, the person is not able to reliably answer any statements and cannot be considered a reliable reporter.
  - III. **The patient is intoxicated.** There may be times particularly in acute settings where a patient may be under the influence of some substance. In these cases, after assessed by the provider, PAM should be administered after the patient has become lucid.
  - IV. **The patient is suicidal.** If the patient has been assessed to be suicidal, this is not the time to administer PAM. Address the immediate concerns and forgo PAM administration.
  - V. **The patient just received a new and/or serious diagnosis.** Stress can be a factor in someone’s PAM level and score. A person who just received a new and/or serious diagnosis will be under stress and questioning their ability to take care of their health concerns. This scenario is a game-time decision by the provider and we would suggest that the best practice is to wait 2-7 days and administer PAM once the new information has been assimilated.