Role-play - Case 12-years-old Alex
Collaboration in interprofessional rehabilitation team

Short description

The aim of the task is to gather the client's interprofessional overall situation using from interprofessional perspective using the ICF framework and identify signs of limited health literacy.

Steps of the learning task:

1.) Each student first prepares independently by studying the case description and the ICF framework Interprofessional Collaboration Form, taking notes and completing the ICF form.
2.) Role play. Students share roles (see below preparation).
3.) Gathering information and shared decision-making notes and discussion. The whole group participates.

The coordinator leads the discussion and makes sure that everyone provides comments. ICF form has to be filled in during the discussion.

First step: individual preparation
Each student becomes familiar with the content of different professional groups and the client's account.
Each student will add the themes for interview:
What should a health professional find out? How to recognize signals of limited health literacy? What is the client needs for change?

Second step: teamwork (role play)
Students choose who acts as a client, parent, and different health professionals, coordinator who leads the interview, and observers. After that the role-play can start.
(See role-play instructions from the preparation section.)

Third step: discussion
After the role play whole group filles out notes in the Interprofessional Collaboration Form and shares the collected information.

Learning goals

You will show collaboration skills together with other professionals and learn how to gather information using Interprofessional Collaboration Form and how to recognize the signals of limited health literacy (LHL) and support the child and his parents.

a) Shared decision making using ICF-framework.
b) Person- centered goal setting with collaboration in interprofessional team
c) Recognize and support clients in LHL and self-management.
d) How to use verbal conversation skills such as:
 active listening, plain language, normalization and asking questions.
e) GAS (Goal Attainment Scale) setting using SMART principle together with interprofessional team members.

Materials

Interprofessional Collaboration Form
Role Play descriptions
LHL identification and additional course materials

Instructions

You will learn shared decision-making skills and how to set person-centered goals with the members of interprofessional team. You will learn how to identify the level of client health literacy.

Steps of the learning task:

1.) Each student first prepares independently by studying the case description and the ICF framework Interprofessional Collaboration Form, taking notes and completing the ICF form.
2.) Role-play: Students share roles (see below preparation).
3.) Gathering information and Shared decision making and discussion. The whole group participates. The coordinator leads the discussion and ensures that everyone provides comments. ICF form has to be filled in during the discussion.

Preparation

Make the groups of 8-10 students.

Agree the roles: client Alex 12 years, his mother and father, nurse, physiotherapist, teacher/psychologist, nutrition therapist, coordinator, who leads interview, observers.

Read the role descriptions. Everyone prepares the role, how to gather the information, fill in the Interprofessional Collaboration Form and recognize the signs of limited health literacy.

Pay attention to health literacy readiness, how the professionals could support the client.

Observes take notes, what was successful, what additional information is needed and what other options could be used etc.

Role Play Client Interview

Alex and his parent prepare to say, what change do you want?

Each role plans what to find out and how to recognize signs of LHL.

Coordinator starts the interview asking Alex and his parent How are you? What is your situation? What change do you want?

Coordinator leads the interview so that each role has the same time (about 5-10 minutes each).

Professionals listen carefully to what the client says and make observations related to health literacy. Observers make notes.

CASE DESCRIPTION
Reason for referral The teacher has been worried about Alex's coping at school and doing his homework. The teacher has asked the public health nurse to set up an interprofessional team meeting. Social history Alex is 12 years old. His parents are divorced and have joint custody. Alex and his younger sister live alternately one week with their mother and one week with their father. He spends his free time with computer and mobile phone mainly chatting in social media. Very often, He is up late with mobile and computer. He is very interested in following different role models, weight programs and trends that are not based in correct health information. He likes to eat snacks while spending time with computer or mobile phone. Alex´s mother has a dog that Alex likes to take care of. Health problems / health conditions / health status and medical history Alex has been gaining weight since he was very young. He has always been a bit bigger than his friends of same age. Alex believes that one of the reasons he continued to gain weight was because he had begun eating recklessly after his mother and father had split up. Alex´s BMI is 28. He often had headache and pain in neck muscles.

Roles	
Client Alex	
Think ahead: What you would like to change and where you need support from health professionals Prepare to show the difficulties in health literacy skills. The health professionals will pay attention to signs of limited health literacy (age, educational background, internet use, cognition), as well as your own understanding of your health condition and situation.	
Parents mother and father	
Think ahead: Where would you need support from health professionals? As well as mother and father, Alex likes to watch TV during evenings and to eat snacks and fast food. They have no regular eating times during the day because single parents do have quite long hours of work. Family members eat at any time and what they like. Both parents are overweight as Alex and as his sister. The parents think that this is quite normal and explains that kids tend to be a bit chubby. The parents have not been yet worried about Alex´s condition.	

Public health nurse
The nurse of school has asked to make a health check appointment. The teacher has been worried because Alex has been tired during the school day. Does he sleep enough? What kind of eating habits does he have? Is there a risk of diabetes in his family?
Physiotherapist
Physiotherapist has asked to meet Alex because of headache and painful neck muscles, and to make plans for physical activity and training program.
Nutrition therapist or nutrition specialist
The nutrition therapist/specialist has asked to meet Alex and his parents in order to evaluate the eating habits of the family.
Teacher or psychologist
The teacher or psychologist has asked to speak with Alex because he has learning difficulties in his studies. Teacher has been worried if he feels lonely in the school. Does he have friends? What is his mood?
Observers
How were Alex and his parents taking account? How were shared decision-making considered the LHL and signs of LHL? How was his health literacy supported? (Terminology, plain language, visualization, chunk and check, teach back)?
DISCUSSION **Interprofessional gathering information. The whole group participates**
Health Professionals/ students gather information in a multidisciplinary way and **fill in the Interprofessional Collaboration Form** **Discussion** after the role play, where everyone reports the notes and experiences. **Coordinator leads the discussion.** First Alex and parents tell how person-centered approach was achieved? After that other role players continue, how was dialogue, shared expertise, notes of LHL etc.? **How was the individual health literacy level taken into account?** Summary: GAS Goal setting using SMART principle.

Role-play - Case Example 53 years-old Mary
Collaboration in interprofessional rehabilitation team

Short description

The aim of the task is to gather the client's interprofessional overall situation using from interprofessional perspective using the ICF framework and identify signs of limited health literacy.

Steps of the learning task:

4.) Each student first prepares independently by studying the case description and the ICF framework Interprofessional Collaboration Form, taking notes and completing the ICF form.
5.) Role-play. Students share roles (see below preparation).
6.) Gathering information and shared decision-making notes and discussion. The whole group participates.

The coordinator leads the discussion and makes sure that everyone provides comments. ICF form has to be filled in during the discussion.

First step: individual preparation
Each student becomes familiar with the content of different professional groups and the client's account.
Each student should add the topics for interview:
What should the health professional find out? How to recognize signals of limited health literacy? What are the client`s needs for change?

Second step: teamwork (role play)
Students choose who acts as a client and different health professionals, as coordinator who leads the interview, and observers. After that the role-play can start.
(See role-play instructions from the preparation section).

Third step: discussion
After the role play whole group filles out notes in the Interprofessional Collaboration Form and shares the collected information.

Learning goals

You will show collaboration skills together with other health professionals and learn how to gather information using the Interprofessional Collaboration Form

f) Shared decision making using ICF-framework.
g) Person- centered goal setting with collaboration in interprofessional team
h) Recognize and support clients LHL and self-management.
i) How to use verbal conversation skills such as:
 active listening, plain language, normalization and asking questions.
j) GAS (Goal Attainment Scale) goal setting using SMART principle together with interprofessional team members.

Materials

Interprofessional Collaboration Form
Role Play descriptions.
LHL identification and additional course materials

Instructions

You will learn shared decision-making skills and how to set person-centered goals with the members of interprofessional team. You will learn how to identify the level of client health literacy.

Steps of the learning task:

4.) Each student first prepares independently by studying the case description and the ICF framework Interprofessional Collaboration Form, taking notes and completing the ICF form.
5.) Role-play: Students share roles (see below preparation).
6.) Gathering information and Shared decision making and discussion. The whole group participates.
The coordinator leads the discussion and ensures that everyone provides comments.
ICF form has to be filled in during the discussion.

Preparation

Make the groups of 8-10 students.

Agree on roles: client Mary, nurse, physiotherapist, occupational therapist, social worker/rehabilitation counsellor and coordinator lead the discussion. Rest students act as observers.

Read the role descriptions. Everyone prepares the role, how to gather the information, fill the Interprofessional Collaboration Form and recognize the signs of limited health literacy.

Pay attention to health literacy readiness, how the professionals could support the client.

Observes take notes: e.g., what was successful, what additional information is needed and what other options could be used.

Role Play Client Interview

The client prepares to state, what change does she like to have?

Each role plans what to find out and how to recognize signs of LHL.

Coordinator starts the interview by asking: How are you? What is your situation? What change do you like to have?

Coordinator leads the interview so that each role has the same time (about 5-10 minutes each).

Professionals listen carefully to what the client says and make observations related to health literacy. Observers make notes.

CASE DESCRIPTIONS

The client Mary is a 53-year-old cleaner. She lives with her husband on the 3rd floor of an apartment building with a lift.

She has been on temporary disability pension for six months because she is waiting for knee replacement surgery.

Reason for referral

The client undergoes knee replacement surgery after weight loss. A rehabilitation plan is drawn up by an interprofessional team.

Social history

The client has adult children. Her son has been experiencing financial difficulties and Mary has provided him with financial assistance. She also has elderly parents who need help with daily living.
Nowadays she spends all her free time with her husband at home. In their spare time, they watch television. Mary has a mobile phone, which she uses to contact health professionals and other people. She does not have a computer.

Health problems / health conditions / health status and medical history

Mary has hypermobility syndrome, which is diagnosed when she was under 40. She has osteoarthritis of the joints, particularly pain in her shoulders, wrist and fingers. In her right knee joint, the osteoarthritis has progressed to the point where she has been facing a knee replacement surgery when her weight drops. Maria weighs 92 kg and is 162cm high BMI 35 (severe obesity), waist circumference 98 cm. She will have knee replacement surgery when she loses 20 kg. Joint pains interfere with sleep at night. Sleep is intermittent, she wakes up at night. Her husband says she snores, so sleep apnea is suspected. Daytime fatigue and difficulty concentrating are present. Movement has been limited due to pain. She has to take painkillers every day.

Blood pressure 175/95. She is on medication for high blood pressure, but she takes medicines only when she remembers.

She has accumulated excess weight in adulthood. She tried different diets, which reduced her weight, but after the diet she gained the weight again. She has received advice from health professionals on nutrition and exercise but has preferred to try diets such as weight watchers, Cambridge diet, crepe-fruit diet, Atkins diet, carp diet. She finds it very difficult to walk or exercise because of the pain. She has failed to go to the appointed health checks.

<table>
<tr><td>Roles</td><td></td></tr>
<tr><td colspan="2">Client</td></tr>
<tr><td colspan="2">Consider:
What would you like professionals to support and change in order to facilitate Mary`s everyday life. Professionals pay attention to signs of limited health literacy (age, educational background, internet use, cognition)

Your own perception of your condition and situation:

"I am on a sick leave for six months.

I look after elderly parents, shop and clean. Otherwise, I spend my free time at home with my husband, watching TV and having a snack.

I drive to work and to the shops, for example. I like cooking.

I have tried different diets to control my weight. But after the diets, the weight has come back again.

Medication: painkiller for joint pain, cortisone for inflammation.

I sleep badly, I wake up. Dry mouth in the morning when I snore at night. Headaches during the day.

Knee pain decreases my mobility, outside I use elbow braces, in the shop I rely on shopping trolleys.

My goal:

Losing weight to get knee surgery and move again without pain.</td></tr>
<tr><td colspan="2">Nurse</td></tr>
<tr><td colspan="2">Record the mood, sleep, sleep apnea, blood pressure, medication, weight monitoring.</td></tr>
<tr><td colspan="2">Nutritionist</td></tr>
<tr><td colspan="2">Map eating habits (content, portions, rhythm), how to support regular and varied nutrition and eating</td></tr>
<tr><td colspan="2">Physiotherapist</td></tr>
<tr><td colspan="2">Assess mobility, the need for mobility aids, muscle and joint function, develop an exercise program for weight loss together with the client, consider health literacy.</td></tr>
<tr><td colspan="2">Occupational therapist</td></tr>
<tr><td colspan="2">Assess the client's housekeeping skills - cooking, dressing, washing - how are they doing (grip strength, upper limb mobility, ergonomics)? Need for assistive devices? Functionality of the home, accessibility, instructions for using household appliances?</td></tr>
<tr><td colspan="2"></td></tr>
</table>

Social worker
Take s stock of the financial situation, sick leave/disability, show where the adult son can get advice on the situation, provide outside help for elderly parents, identify the need for home care and food service, whether cleaning help is needed, ask about interests in recreational activities e.g. peer support, social life.

Observers
How client focus, shared decision making was taken into account. Consideration of LHL, signs of LHL, how the client was supported (terminology, plain language, visualization, teach back)
DISCUSSION **Interprofessional gathering information. The whole team participates**
Professionals gather information in a multidisciplinary way and **fill the Interprofessional Collaboration Form (see the example filled form).** **Discussion** after the role paly, where everyone tells the notes and experiences. **Coordinator leads the discussion.** First client tells how was client-centeredness achieved? After that other role continues, how was dialogue, shared expertise, notes of LHL etc.? **How was limited health literacy taken into account?** Summary GAS (Goal Attainment Scale): Client's own goal is to improve everyday coping, identified with the support of professionals. Example I'm taking professional help to lose weight. -2 I have a lot of health problems; I don't know how to start and what to do. -1 I know what my main problems are. 0 I know what to do to my health problems. +1 I know why I need to do. +2 I know where I can get information about my health to take care of myself.

Collaboration in interprofessional rehabilitation team

Short description

The aim of the task is to gather the client's interprofessional overall situation using from interprofessional perspective using the ICF framework and identify signs of limited health literacy.

Steps of the learning task:

7.) Each student first prepares independently by studying the case description and the ICF framework Interprofessional Collaboration Form, taking notes and completing the ICF form.
8.) Role play. Students share roles (see below preparation).
9.) Gathering information, shared decision-making notes and discussion. The whole group participates.

The coordinator leads the discussion and makes sure that everyone comments. ICF form to be filled in during the discussion.

First step: individual preparation
Each student becomes familiar with the content of different professional groups and the client's account.
Each student should topics for interview:
What should the health professional find out? How to recognize signals of limited health literacy?
What are the client`s needs for change?

Second step: teamwork (role play)
Students choose who acts as a client and different health professionals, as coordinator who leads the interview, and observers. After that the role-play can start.
(See role-play instructions from the preparation section and case description)

Third step: discussion
After the role play the whole group filles out notes in the Interprofessional Collaboration Form and shares the collected information.

Learning goals

You will show collaboration skills together with other health professionals and learn how to gather information using Interprofessional Collaboration Form and how to recognize the signals of limited health literacy (LHL)

k) Shared decision making using ICF-framework
l) Person- centered goal setting with collaboration in interprofessional team
m) Recognize and support clients LHL and self-management
n) How to use verbal conversation skills such as:
active listening, plain language, normalization and asking questions
o) GAS (Goal Attainment Scale) setting using SMART principle together with interprofessional team members.

Materials

Interprofessional Collaboration Form
Role Play descriptions.
LHL identification and additional course materials

Instructions

You will learn shared decision-making skills and how to set person-centered goals with the members of interprofessional team. You will learn how to identify the level of client health literacy.

Steps of the learning task:

7.) Each student first prepares independently by studying the case description and the ICF framework Interprofessional Collaboration Form, taking notes and completing the ICF form.
8.) Role-play: Students share roles (see below preparation).
9.) Gathering information and Shared decision making and discussion. The whole group participates.
The coordinator leads the discussion and ensures that everyone provides comments.
ICF form has to be filled in during the discussion.

Preparation

Make the groups of 8-10 students.

Agree on roles: client Martha, nurse, physiotherapist, occupational therapist, social worker, coordinator, who will lead interview, observers.

Read the role descriptions. Everyone prepares the role, how to gather the information, fill the Interprofessional Collaboration Form and recognize the signs of limited health literacy.

Pay attention to health literacy readiness, how the professionals could support the client.

Observes take notes: e.g., what was successful, what additional information is needed and what other options could be used.

Role Play Client Interview

The client prepares to state, what change does she like to have?

Each role plans what to find out and how to recognize signs of LHL.

Coordinator starts the interview by asking: How are you? What is your situation? What change do you like to have?

Coordinator leads the interview so that each role has the same time (about 5-10 minutes each).

Professionals listen carefully to what the client says and make observations related to health literacy. Observers make notes.

CASE DESCRIPTION

Reason for referral

The hospital's interprofessional team maps coping with everyday life and the need for support. The client is 82-year-old Martha, who lives alone in an apartment building and has been widowed for 20 years.

Social history

Relatives live in another locality. Due to the fear of falling, he is afraid to move outside alone. With the help of a neighbor, he has gone on errands and to the grocery store. The activity of the day is watching TV. Martha doesn't have a computer and can't access her own health records. A mobile phone that you use to stay in touch. Payment of invoices by direct debit. Martha has worked as a family daycare provider.

Health problems / health conditions / health status

Medical history Martha had type 2 diabetes for about 10 years, involving tablet medication. Recently, blood pressure has been fluctuating despite RR medication. This has resulted in dizziness and balance instability.

She has fallen and hit his head at home while going to the bathroom at night. She was taken to the department for observation. Memory problems have been identified in connection with the departmental period. Consulted an ophthalmologist and now also diagnosed with cataracts and elevated intraocular pressure. In connection with the ward period, it has been observed that the overall situation should be mapped out to determine how well you can cope at home.

Roles	
Client	
Consider: What would you like professionals to support and change to make everyday life go better. Professionals pay attention to signs of reduced health literacy (age, educational background, internet use, cognition). Your (Martha) own understanding of your condition and situation: "Sometimes I'm dizzy and I've stumbled at home, but there's nothing to worry about. I'll be fine when I get a rollator to support my outdoor activities. Medication: I take all the medications of the day at once, or take when I remember... I guess it's not that serious if I don't remember to take them as instructed" I don't really know why I have medication... RR and blood sugar are controlled at the health center every six months. Cooking: I go grocery shopping with a neighbor, at which point I buy the food for the week. I buy ready-made snacks that I heat. For breakfast, coffee and bread. In the evenings, tea and bread. Washing: the apartment has a shower where I wash myself in the evenings. Washing my hair has become more difficult as standing and keeping my eyes closed causes instability and I'm afraid I'm going to fall. It would be good to get some help with this. Movement: Inside, I move without taking support from the walls and furniture. When I get up from sitting to stand quickly or put on socks/shoes and lift my head, I feel dizzy easily. The dizziness goes away when I'm there. I live on the 3rd floor of an apartment building; the house has an elevator that allows me to get out. I'm afraid of going outside and falling over. It would be a good idea to have an assistive device to support outdoor exercise.	
Nurse	
General well-being is assessed: weight and weight monitoring (BMI 25, waist 85cm), diabetes (blood sugar, regular eating and medication), RR 175/95, dizziness, medication and regular intake, memory (Mini Mental 20/30p, mood, loneliness), vision monitoring (cataracts, eye pressure), reading, activities of daily living, medication (eye drops for eye pressure). Interventions: how to support understanding of medication, regular intake of medication (dosing), regular and varied nutrition and food intake (enough energy, weight monitoring, regular RR and blood sugar monitoring.	
Physiotherapist:	
Fall risk assessment (internal factors e.g. balance, lower limb muscle function, visual impact on mobility, external factors e.g. accessibility of the home carpets, furniture, thresholds, lighting), need for assistive devices, rehabilitation intervention (individual rehabilitation, group rehabilitation) Fall risk assessment Balance, muscle function, vision, assistive devices, home visit accessibility of the home.	
Occupational therapist:	
Evaluate how the client cooks, dresses, washes (cognition, executive function, initiative, attentiveness, vision, coping)? Are any aids needed? Functionality of the home (grab rails,	

thresholds, shower chair), accessibility, instructions for use of household appliances? activities of daily living, home visit.
Social worker:
Assess the need for home care and food service, whether cleaning assistance is needed, transport assistance, safety phone, interest in recreational activities e.g. memory group, peer support, singing, crafts, exercise, financial situation.
Observers
How client-oriented, shared decision-making was considered, signs of LHL, how it was supported (terminology, clear language, visualization, teaching).

Discussion

Interprofessional gathering of information. The whole group participates

Professionals gather information in a multidisciplinary way and **fill the Interprofessional Collaboration Form.**

Discussion after the role paly, where everyone tells the notes and experiences.

Coordinator leads the discussion.

First client tells how was client-centeredness achieved?

After that other role continues, how was dialogue, shared expertise, notes of LHL etc.?

How was limited health literacy taken into account?

Summary:

GAS Smart goal: client's own goal to improve everyday coping, identified with the support of professionals.

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