

Activating previous knowledge – gathering information
Short description
Group activity. Activate previous knowledge by answering the questions and sharing the answers in mind maps.
Duration: 15 minutes
Learning goals
<p>The student</p> <ul style="list-style-type: none"> • describes the characteristics of a shame free environment and how to establish that • selects and describes effective communication techniques to identify the level of HL and to gather information
Materials
<ul style="list-style-type: none"> • 3 x A2 white sheet of paper • Markers <p>Write the three questions separately on an A2 sheet of paper and place them on different tables in the classroom. Vary the number of papers depending on the group size.</p> <ul style="list-style-type: none"> ▪ Question 1: What can you do to create a shame free environment? ▪ Question 2: How do you identify the level of Health Literacy of a client? ▪ Question 3: What are adequate communication skills you should use in gathering information from people with limited HL?
Instructions
<p>Make mind maps about three subjects in subgroups. Write down as many answers as possible on each question for 4 minutes.</p> <p>Then go to another question and add new answers. Underline three most important answers of the previous group(s)</p> <ul style="list-style-type: none"> ▪ Question 1: What can you do to create a shame free environment? ▪ Question 2: How do you identify the level of Health Literacy of a client? ▪ Question 3: What are adequate communication skills you should use in gathering information from people with limited HL?

Tips for supervisors

WHAT CAN YOU DO TO CREATE A SHAME FREE ENVIRONMENT?

- Be aware that 1 out of 3 clients could have limited HL
- Be aware of 3 levels of HL: functional, interactive and critical HL
- Don't judge immediately when a client isn't on time
- Adjust your website to a B1 level (plain language). Add the 'reading aloud' functionality
- Show pictures/pictogrammes close to the information in all your written communication
- Make the entrance of your practice/ clinic easy to find and welcoming
- Invite clients when it is their turn to enter
- The assistant/physiotherapist is attentive, friendly and helpful
- Make eye-contact, speak slowly, don't be rushed, use normalising statements
- Etc....

HOW DO YOU IDENTIFY THE LEVEL OF HEALTH LITERACY OF A CLIENT?

- Fulfilling appointments or no -shows
- Poorly formulating questions
- Difficulty answering questions, e.g. client is unable to clearly indicate complaints or unable to name chronology
- Difficulty filling out forms / using instructions
- Making excuses: Sorry, I forgot my glasses
 Could you fill out this for me, I write so illegibly.
 I'll fill it out at home.
 I can't read because I'm word -blind.

HOW DO YOU ACTIVELY IDENTIFY THE LEVEL OF HEALTH LITERACY OF A CLIENT?

- Offer leaflet upside down (client with limited HL will often not turn it to the right side)
- Ask how many years client has been able to go to school
- Ask if client receives help with reading leaflets or filling in forms:
 - "How confident are you that you fill in medical forms correctly yourself? "
 - "How often is someone helping you to read letters or leaflets from your GP or the hospital?"
 - "Do you find it difficult to find out more about your health, because you do not understand written information well? "

WHAT ARE ADEQUATE COMMUNICATIONSKILLS YOU SHOULD USE IN GATHERING INFORMATION FROM CLIENTS WITH LIMITED HL?

- Be aware that 1 out of 3 clients could have limited HL.
- Be aware of 3 levels of HL: functional, interactive and critical HL
- Normalise = Acknowledge and connect to the experience
 - "How hard it must be for you to...", " or
 - "Many people have difficulty with the language used by physiotherapists and doctors".
- Ask what the client knows, thinks and feels about his condition
- Do not presume much basic knowledge of the body

WHAT ARE ADEQUATE COMMUNICATIONSKILLS YOU SHOULD USE IN GATHERING INFORMATION FROM CLIENTS WITH LIMITED HL?

- Use short sentences and simple words
- Be concrete, use examples from clients' ADL
- Avoid sayings and expressions
- Connect to the client's language use

References

Lectures:

- General communication skills
- Role of PT to apply HL
- HL on Micro level
- Gathering information - Challenges in Anamnesis

Learning Activity - Normalizing Statements
Short description
<p>People may sometimes have difficulty sharing information about their health problem, particularly if they are anxious or embarrassed about it. One way of reassuring a patient (and creating a shame free environment) is to use statements that ‘normalize’ their problem, that they are not the only person to have the experience. This can be done by making a general, or a normalizing statement about the issue to take the focus off the patient momentarily. Beginning statements with phrases like: <i>many people feel ..., some people tell me ..., often this is about ..., sometimes I have been told that ...</i> can provide a starting point to encourage the patient to talk honestly about a difficult topic.</p>
Duration: 15 minutes
Learning goals
<p>The student</p> <ul style="list-style-type: none"> • understands the function of normalizing statements. • formulates normalizing statements
Materials
<ul style="list-style-type: none"> • Description of conversation / roleplay diabetes
Instructions
<p>Form small groups – 3 / 4 students and read the conversation.</p> <p>Assignment: Recognize and underline the ‘normalizing statements’ that are being used? Formulate two other examples of normalizing statements that could be used in this case.</p>
Reflection
<p>FEEDBACK: The answer examples below (mc questions) are not the only possible normalizing statements for these scenarios. The important thing to convey is that the client is not the only person to experience this problem. Normalizing statements are useful to reassure the client and make them feel more comfortable talking about their issues.</p>

Tips for supervisors

Acknowledge and **connect** to the experience of the client.

- "How hard it must be for you to..., " or
- "Many people have difficulty with the language used by physiotherapists and doctors."

Multiple choice questions about Normalizing statements that can be used to assess the student.

Question 1. Mary has been stressed with work and has come to see the physiotherapist with complaints of pain in her neck and shoulder region. The PT says:

- A lot of people experience stressful periods at work.**
- Stress is something we all have to live with.
- Has this been going on for very long?

Question 2. Ghassan has come to see the physiotherapist because he has a lot of pain in his arm. The doctor says:

- I can see that your arm is quite stiff.
- Do you have to lift a lot of heavy things for work?
- Having pain in your arm can make things difficult to manage.**

Question 3. The physiotherapist has given the client a home exercise program. The PT is concerned that the client does not do the exercises correctly. The PT says:

- Do you understand how to do the exercises?
- Lots of people find the instructions for exercises complicated.**
- So, I have given you some exercises that should help you.

References

The text is translated from this clip (in Dutch).

[Deel 2 Zelfmanagement en beperkte gezondheidsvaardigheden - in de spreekkamer - YouTube](#)

Conversation with client with LHL about diabetes.

Assignment:

Recognize and underline the 'normalizing statements' that are used?

Formulate two other examples of normalizing statements that could be used in this case.

Conversation:

You are with me for the first time, what can I do for you?

Client: I do not know, the GP sent me.

Yes, the doctor has determined that you have a high risk of diabetes, you probably also received a leaflet with some information.

Client: I do not remember.

All people with a high risk of diabetes receive a leaflet to take home with them.

Client: Oh, oh that one.

Do you have that folder with you?

Client: No.

Did you manage to read the folder at home?

Client: Um...

Never mind, I have got a new one here.

Client: Uh yeah...

Most people find it difficult to read this leaflet, does your wife help you read this kind of thing?

Client: No, the guys do...

And filling out forms?

Client: My sons do this too, stupid huh?

No, it is good that you say this, then I can help you even better and I will not overload you with folders and all kinds of other things.

Client: That will be nice.

Fine, no problem. You went to see your GP last week, didn't you?

Client: Yes, ...

The doctor saw that you were on the heavy side and that your cholesterol was elevated in your blood, which increased the risk of getting diabetes.

Client: Is that bad?

Diabetes is a common condition, people who have diabetes also often have problems with their eyes or their heart or kidneys. But it can also clog the arteries.

Client: So that is pretty bad?

Yes, luckily you do not have diabetes yet, so it is now important that we work together to ensure that it does not come to that. What do you think?

Client: Um if I hear it that way then it seems better not to get. Would you mind if I explained a little more about that?

Client: If you would like to do that.

Yes. I will add something to that. How the body processes food. Look here the food enters the body, the pancreas makes insulin, insulin is the substance needed to get sugar into the cell. In overweight people, insulin no longer works properly. And that increases the risk of getting diabetes. Do you understand?

Client: Yes.

Just to be sure, can you tell me again what I just told you?

Client: Um, what I understand is that it has something to do with food, and some gland that is not working properly, and then I do not produce a chemical and then I could get diabetes.

Yes, very good, fine! The pancreas indeed. So, diabetes is very well preventable, in your case if you start exercising more or eat differently, eat healthier, you can prevent it a lot.

Client: But I am already moving a lot, I am carrying bags around all day, and I am jumping on and off that car, so plenty of exercise.

I understand that you say that you are already moving a lot. Extra exercise, in addition to everything you already do all day, this is very difficult for everyone, so that is right, but I'm going to help you with that. Is it an idea to start working with a notebook? You take the notebook home, you can have your questions noted in it, you can have drawings and pictures put in it and if you want to take it with you to our visit, we will talk about it. And I can also write down what we discussed so that you can check it there at home. Does that sound like something to you?

Client: Yes, that is good, then I might remember everything much better, those guys will probably want to help me, I believe that. Good! If we do, I just want to ask you to set a goal for the next visit. And so are more exercise or eat healthier.

Client: Phew! Yes...

It will take some getting used to, but I will help you with it.

Client: That's nice.

Then once you and your family have decided what you want to do, you can write it down and we can discuss it next time and then we will look further, ok?

Client: I think that will work. Okay, well, thank you.

<p style="text-align: center;">Anamnesis Introduction Gathering information to address functional HL</p>
Short description
<p>Communication skill training with role-playing, observing, and giving feedback with the reflection tool. Training communication skills:</p> <ul style="list-style-type: none">• verbal and non-verbal• active listening• mix of open ended and closed questions• encouraging patients to ask to questions• create a shame-free environment
Duration: 30 minutes
Learning goals
<p>The student shows effective communication techniques</p> <ol style="list-style-type: none">a) to make contact and create a shame-free environmentb) to identify the level of HLc) to be sensitive and capable of gathering information about the Localization, Origin, Functional impairments, Timeline, Intensity of the pain, and History of this kind of complaint.
Materials
<p>Reflection tool Introduction (Anamnesis) Role descriptions for the patient(s) – printed one-sided</p>
Instructions
<p>You will learn to do the introduction of a conversation, for example an anamnesis, with a patient with limited health literacy. You will learn how to create a shame free environment and how to recognize signals of limited (health) literacy and to use the technique of ‘normalization’ (normalizing statements). Use verbal conversation skills such as active listening, using plain language, summarizing, and asking simple questions.</p> <p>Make groups of 3-4 students</p> <p><u>Student 1</u> demonstrates the introduction and asks reason for visiting the physiotherapist <u>Student 2</u> plays the role of the patient with limited health literacy (Role C is with a patient and her husband) <u>Student 3 and 4</u> fill in the (observation) reflection tool.</p>

Every round, every student is playing a different role.

Preparation

1. Read the hand-out from the lecture gathering information
2. Read the roles:
 - a. Eva/ Adam who has a low level of education and is practically illiterate
 - b. Lea/ Leo who arrives too late for the appointment
 - c. Mrs. B. who is accompanied by her husband Mr. B. who is helping her to tell her story

Reflection

Give feedback after each student finishes his/her part.

1. The student who plays the physiotherapist describes what went well and then what to do better next time.
2. Then the observers give their feedback
3. And to conclude the patient gives feedback.
4. The physiotherapist summarizes the main (3) feedback where to focus on next time.
5. In case there is enough time, the physiotherapist can show the role-play again with a focus on the 1-2 feedback points. An observer can have the role of a 'film director' and gives directions when the physiotherapist does not focus on the feedback points. The aim is that the physiotherapist demonstrates the feedback point(s) in the right way this time.

Or Processing after the lesson:

Practice the introduction with someone who has limited health literacy or play a client with limited HL. When you are the therapist make a video of this conversation (if possible) and evaluate your introduction with the video observation - reflection tool.

Your peers (client and observer) will also give you feedback by filling in the video observation - reflection tool.

Compare your self-assessment and peer assessment, reflect on, and write down which skills you are satisfied with and which skills you can still improve. Formulate new learning goals and a plan of action.

Tips for supervisors

Read the Teachers' manual: How to work with a simulation patient (role-player)

Reflection tool: Students can choose items from the reflection tool to focus on in the role play. Or the student describes which items should be addressed in the reflection.

Next to the items on the reflection tool focus on: gathering information about the Localization, Origin, Functional impairments, Timeline, Intensity of the pain, History of this kind of complaint (and in explaining these questions if necessary to the patient).

Role A: Eva/Adam

60 years old, divorced.

Lives in a small apartment. Works as a private cleaning help.

Low level of education, practically illiterate. Little social network.

Complaint: Eva/ Adam has pain in her/ his knee. The doctor has examined the client. X-rays have also been taken. She has knee osteoarthritis. Eva does not need surgery and has been referred to a physiotherapist.

Request for help: wants to get rid of the pain in her/his knee; cannot work now, so is at home a lot.

Prefers not to move a lot, because of the pain in the knee.

Eva's/ Adam's story

"Today I have my first consultation with the physiotherapist. I feel embarrassed because I do not understand everything right away. During the consultation, I try to answer as well as I can. Sometimes I do not understand what is meant by a question, so I just say 'yes' or 'I don't know'. I wonder if the physio will understand me and help me get rid of the pain in my knee. I do not understand why I was sent to the physiotherapist. I do not understand the meaning of physiotherapy."

Tips for playing the role:

- Little or no eye contact
- Closed body posture
- Doubts when giving answers (you can also see this in her/his facial expression)
- Answers (socially desirable, not always fit to the question asked, silence before answering)

Eva/Adam lacks skills to engage in conversation with the physiotherapist about her/his own health. These skills are so called health skills. Eva/Adam has communication difficulties, which means that his/her interactive health skills are limited.

Interactive health skills are more advanced cognitive skills used together with literacy and social skills to actively participate in daily activities. These skills are necessary to find information and derive meaning from different forms of communication and to apply new information to changing circumstances.

Think of yourself in the role of Eva/Adam and answer as adequately as possible to make the conversation meaningful.

Role B: Lea/Leo

30 years old. Married and has four children, 2 girls aged 3 (twins) and 2 boys 5 and 6.

Lives in a small house in a neighborhood with immigrants and students.

Occupation: Catering Low level of education. Has dyslexia, was diagnosed when he/she was already 14 years old.

Complaint: Lea/ Leo has pain in her/ his low back. She/ he had had a short examination by the general practitioner who advised him/her to go to a physiotherapist. Request for help: wants to get rid of the pain in her/his lower back: cannot work now, so is at home a lot. Prefers not to move a lot, because of the back pain.

Lea's/ Leo's story

"Today I have my first consultation with the physiotherapist. I have difficulties in arriving on time, because reading the clock is difficult for me. I have a feeling of embarrassment because I do not understand everything right away. During the consultation, I try to answer as well as I can. Sometimes I do not understand what is meant by a question, so I just say 'yes' or 'I don't know'. I wonder if the physio will understand me and help me get rid of the pain in my back. I do not understand why I was sent to the physiotherapist. I do not understand the meaning of physiotherapy. Colleagues told me that I would get a massage. My husband/wife massages me sometimes, but although it is nice, the effect does not last long. I will not take medication. My mother did that for her back pain and she also used sleeping pills. But now she cannot live without pills, and I will not get addicted to pills."

Tips for playing the role:

- Arrives too late for this appointment
- Talks a lot about his work and family and her/his complaints but not in a coherent way
- Gestures a lot
- Does not listen very well. Takes over the conversation and tells things from her/his perspective.
- Answers before the physiotherapist has ended the question.

Lea/Leo lacks the skills to engage in conversation with the physiotherapist about her/his own health. These skills are so called health skills. Lea/Leo has communication difficulties which means that his/her interactive health skills are limited.

Interactive health skills are more advanced cognitive skills used together with literacy and social skills to actively participate in daily activities. These skills are necessary to find information and derive meaning from different forms of communication and to apply new information to changing circumstances.

Place yourself in the role of Lea/Leo and answer as adequately as possible to make the conversation meaningful.

Role C: Mrs. B. who is accompanied by her husband Mr. B. who is helping her to tell her story.

Physiotherapist:

It is 4 p.m. A couple visits a physiotherapist for the second time because of the wife's neck pain. You have not seen this patient before and you take over this therapy session since your colleague is at congress today.

In the file you only read the following:

- Strained neck. Client indicates a lot of pain.
- Examination indicates no abnormalities. (Exaggerates? Psychosomatic?)
- She is 22 years old. She came to this country four years ago to get married. He is 25 and came to this country at the age of 15 in the context of family reunification. He works in a printing office. They do not have children.
- They are both immigrants. The husband speaks your language well and mainly does the talking.
- Advice: take painkillers before going to bed and keep the shoulders relaxed. Come back if there is no improvement.

Impression of your colleague after the first conversation / consultation: The complaint is not yet clear. The husband tried to explain his wife's complaints. It was not clear if the patient could speak for herself (language barrier or if she was uncomfortable). Her neck is quite tense and hurts. Your colleague thinks the client exaggerates the pain a bit, and wonders if it could be psychosomatic.

Your colleague did not want to treat her right away before knowing more clearly where the pain is coming from. He recommended rest, relaxation, and painkillers when it is difficult to sleep, and to return if the symptoms did not subside.

You wonder if these results might be influenced by miscommunication.

Only as background information for the couple:

Mrs. B.: The neck pain has been killing you for a few weeks now. You cannot sleep well, and you have headaches almost all day long. You have even cancelled your advanced language course, which is about your only outing during the week, twice. It also bothers you that you must burden your husband with this.

His job is not very secure anyway, and now he must keep asking for time off. You think it is nice that he comes along. Since his knowledge of the language is better than yours, you are also glad that he speaks a lot, so you cannot make any embarrassing mistakes. Moreover, that physiotherapist asks a lot of strange questions. You hope that he will treat you today because the pain is killing you.

Think yourself in the role of Mrs. B. and answer as adequately as possible to make the conversation meaningful.

Mr. B.: This is the second time this week you had to take time off to go to the physiotherapist with your wife. Upon inquiry among acquaintances, you heard that a physiotherapist sometimes has the patient do gymnastics and sometimes massages. Your wife attends courses, and she is dressed in Western clothes (which your parents and relatives who live nearby criticize a lot). You feel responsible to determine whether this physiotherapy is possible. After the first session you are not so confident: the therapist asked all kinds of questions that have nothing to do with the neck pain and felt 'tightness' in your wife's neck. The therapist could not say clearly what caused the pain, or what treatment is needed. Your wife can be treated if the therapist can clearly say what is going to happen, and if you can get the guarantee that a female therapist will do any massage. You do not understand all that talking, it will not help her, will it? You hope that this time the physiotherapist will treat her.

Roleplay - Introduction conversation Gathering information to address functional HL
Short description
<p>Communication skill training with role-playing, observing, and giving feedback with the reflection tool.</p> <p>Training communication skills:</p> <ul style="list-style-type: none"> • verbal and non-verbal • active listening • mix of open ended and closed questions • encouraging patients to ask to questions • create a shame-free environment
Duration: 30 minutes
Learning goals
<p>The student shows effective communication techniques</p> <ul style="list-style-type: none"> d) to make contact and create a shame-free environment e) to identify the level of HL
Materials
<p>Reflection tool - Introduction (Anamnesis)</p> <p>Role descriptions for the client: e.g., Mrs./Mr. Idrisi COPD – printed one-sided</p>
Instructions
<p>You will learn how to do the introduction of a conversation, for example an anamnesis, with a client with limited health literacy. You learn how to create a shame free environment and how to recognize signals of Limited Health Literacy and use the technique of ‘normalization’ (using normalizing statements). Use verbal communication skills such as active listening, plain language, summarizing and asking simple questions.</p> <p>Make groups of 3-4 students</p> <p><u>Student 1</u> demonstrates the introduction including asking reason for visiting the physiotherapist</p> <p><u>Student 2</u> plays the role of the client with Limited Health Literacy</p> <p><u>Students 3 and 4</u> fill in the observation tool.</p> <p>Every round, every student is playing a different role.</p>

Preparation

Read the text about the introduction phase

After the role play there will be a group conversation.

Discuss in the group what went well in the following order:

6. The student who plays the physiotherapist describes what went well and then what to do better next time.
7. Then the client gives feedback.
8. And to conclude the observers give their feedback.
9. The physiotherapist summarizes the main (3) feedback where to focus on next time.
10. In case there is enough time, the physiotherapist can show the introduction again with a focus on the 1-2 feedback points. An observer can have the role of a 'film director' and gives directions when the physiotherapist does not focus on the feedback points. The aim is that the physiotherapist demonstrates the feedback point(s) in the right way this second time.

Reflection

Processing after the lesson

Practice the introduction with someone who has limited health literacy or play a client with limited HL.

When you are the therapist make a video of this conversation (if possible) and evaluate your introduction with the video observation - reflection tool (PEVA). Write down what you are satisfied with and what you could still improve.

Your peers (client and observer) will also give you feedback by filling in the video observation - reflection tool.

Compare your self-assessment and peer assessment, reflect on, and write down which skills you are satisfied with and which skills you can still improve. Formulate new learning goals and a plan of action.

Tips for supervisors

Read the Teachers' manual: [How to work with a simulation patient \(role-player\)](#)

Reflection tool: Students can choose items from the reflection tool to focus on in the role play. Or the student describes which focus should be addressed in the reflection.