

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 3 questions separately on an A2 sheet of paper and place 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 3 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 3 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 Recognizing and Using Plain language
Short description
Students recognize and use plain language and give feedback to peers in a short conversation/roleplay.
Duration: About 15 minutes
Learning goals
<p>The student</p> <ul style="list-style-type: none"> Recognizes the difference between plain language and more difficult language (incl. jargon) Uses plain language in communication with clients (with limited HL)
Materials
Optional: start with slides about plain language
Instructions
<p>Introduction: You are aware of the importance of using plain language. Do you recognize when another student is using plain language or more difficult language when providing information to a client with LHL?</p> <p>Students prepare a short explanation about a diagnosis or treatment (that is connected to the subject they are studying about at this moment).</p> <p>Explain that it doesn't matter if their explanation is not fully correct, it's only about providing information in plain language and using the teach-back method. (5 minutes maximum)</p> <p>Groups of 3-5 students.</p> <ul style="list-style-type: none"> One student explains a diagnosis or treatment to another student, who plays a client with LHL. The client cannot recall or explain (during teach back) the previous topic you provided information on. You will try to provide information in plain language on this topic again... without falling into kindergarten language! Assignment for the observers: draw a vertical line on your sheet. Write along everything the 'explaining'- student says, putting it on the left if you think it is clear (easily understandable) and on the right if you think it is too complicated.

- Students debrief in the subgroups and make notes of their questions, which the teacher will discuss afterward.

A variation on this exercise 1-minute monologue in pairs

- Students explain 1 minute about a difficult topic (it must be complicated to explain!). It might feel a bit strange/ unnatural to have a monologue but do it anyway for the exercise. Examples: chronic pain, osteoarthritis, why exercise is important, the influence of stress, etc.
- Emphasize: it is not a role play! You are not allowed to ask questions; you just have a monologue for 1 minute.
- The other student listens as if they have LHL.
- After 1 minute, the listener gives feedback: What went well? And what can the student improve?
- Then the roles change.
- Plenary discussion afterward: What do you take home from this exercise?

Reflection

As a physiotherapist, it is very important to use plain language. Do you recognize jargon and difficult words?
What is a regular word for the spine, an anamnesis, mobilization, manipulation, diabetes, balance, pain threshold, risk factors, course of the illness, etc.?

Tips for supervisors

Think of jargon and difficult words in your own language and ask the students how to translate them into plain language.

References

Adapted from assignment Com-in Actie project 2021

Roleplay - Anamnesis Personal and Contextual Factors
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> <ol style="list-style-type: none"> a) to make contact and create a shame-free environment b) to identify the level of HL c) to gather information during an anamnesis
Materials
<p>Reflection tool - Personal and contextual factors (Anamnesis)</p> <p>Role descriptions for the client</p>
Instructions
<p>You will learn how to ask personal and contextual factors during an anamnesis with a client with limited health literacy. Use verbal communication skills such as active listening, using plain language, normalization, summarizing and asking simple questions.</p> <p>Make groups of 4-5 students</p> <p><u>Student 1</u> demonstrates asking the parts Cognitions and Emotions</p> <p><u>Student 2</u> demonstrates asking the parts Behavior and Social circumstances and gives a final summary</p> <p><u>Student 3</u> plays the role of the client with Limited Health Literacy</p> <p><u>Student 4 (and 5)</u> give feedback by using the reflection tool</p>

Preparation

1. Select the items you want to practice from the reflection tool
2. Read the text about the (S)CEBS-model and write down your questions
3. View the lecture about Gathering Information and write down your questions
4. Read the role(s) for your client

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 client gives feedback.
4. The physiotherapist summarizes the main (3) feedback where to focus on next time.

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 doesn't focus on the feedback points. The aim is that the physiotherapist demonstrates the feedback point(s) in the right way this second time.

Compare your self-assessment and peer assessment, reflect on, and write down which 3 points you want to continue and which 3 point you can still improve and want to do better next time. Formulate new learning goals and a plan of action.

Or Processing after the lesson:

Practice this phase of the anamnesis about personal and contextual factors 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 3 points you want to continue and which 3 point you can still improve and want to do better next time. 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.

Here are suggested items that can be used specifically for this exercise:

Fostering the relationship:

- Asking the patient what he/she hopes to achieve by attending therapy.
- Attempts to elicit all the patient's concerns.
- Showing interest in how the problem is affecting a patient's life.
- Encouraging patients to ask additional questions.

Gathering information:

- Encourage the patient to expand in discussing his/her concerns by using active listening techniques (e.g., using various continuities such as Aha, tell me more, go on).
- Observing non-verbal cues to gather information about (not) understanding information.
- Creating a shame-free environment.
- Ask about the (cultural) background and taboos of the pt. which may influence their (illness)beliefs about cause and treatment and their coping style.

Providing information:

- Speaking slowly and in short sentences.
- Using plain, understandable, non-medical language.
- Gives a clear summary at the closure including the need for help. Checking if the patient understands the information.
- Pausing after giving information about what comes next with intent of allowing patient to react to and absorb the given information.

Responding to emotions:

- Openly encouraging or is receptive to the expression of emotion (e.g., through use of continuers or appropriate pauses (signals verbally or nonverbally that it is okay to express feelings.
- Recognizing emotional expression.
- Identifying, verbalizing, and accepting feelings.
- To elicit and be open-minded for patients concerns and needs and explore possible taboos with them.

Confidence:

- Adjust your communication and patient educational skills to patients with limited health literacy.
- Engage with the patient in a personal though professional way.
- Identify and gather adequate information from patients with limited health literacy.
- Provide clear information to patients with limited health literacy.
- Respond to verbal and nonverbal emotional expressions.
- Create a shame free environment for patients with limited health literacy.

References

Lecture: Gathering information - Challenges in Anamnesis

Roleplay Anamnesis Somatic factors
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 f) to gather information during an anamnesis
Materials
<p>Reflection tool - Personal and contextual factors (Anamnesis)</p> <p>Role descriptions for the client</p>
Instructions
<p>You will learn how to ask somatic factors during an anamnesis from a client with limited health literacy. Use verbal communication skills such as active listening, using plain language, normalization, summarizing and asking simple questions.</p> <p>Make groups of 4-5 students</p> <p><u>Student 1</u> demonstrates asking Localization and Origin and Functional disorders</p> <p><u>Student 2</u> demonstrates asking Timeline, Intensity and History and gives a final summary including question for help and explaining what comes next</p> <p><u>Student 3</u> plays the role of the patient with Limited Health Literacy</p> <p><u>Student 4 (and 5)</u> give feedback by using the reflection tool</p>

Preparation

5. Select the items you want to practice from the reflection tool
6. Read the text about the (S)CEBS-model and write down your questions
7. View the lecture about Gathering Information and write down your questions
8. Read the role(s) for your client

Reflection

Give feedback after each student finishes his/her part.

5. The student who plays the physiotherapist describes what went well and then what to do better next time.
6. Then the observers give their feedback.
7. And to conclude the client gives feedback.
8. The physiotherapist summarizes the main (3) feedback where to focus on next time.

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.

Compare your self-assessment and peer assessment, reflect on, and write down which 3 points you want to continue and which 3 points you can still improve and want to do better next time.

Formulate new learning goals and a plan of action.

Or Processing after the lesson:

Practice this phase of the anamnesis about personal and contextual factors 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 3 points you want to continue and which 3 point you can still improve and want to do better next time. Formulate new learning goals and a plan of action.

Tips for supervisors

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 which theme should be addressed in the reflection.

Here are suggested items that can be used specifically for this exercise:

Fostering the relationship:

- Asking the patient what he/she hopes to achieve by attending therapy.
- Attempts to elicit all the patient's concerns.
- Showing interest in how the problem is affecting a patient's life.
- Encouraging patients to ask additional questions

Gathering information:

- Encourage the patient to expand in discussing his/her concerns by using active listening techniques (e.g., using various continuities such as Aha, tell me more, go on).
- Observing non-verbal cues to gather information about (not) understanding information.
- Creating a shame-free environment.
- Being sensitive and capable of gathering information about the Localization ,Origin, Functional disorders, Timeline, Intensity and History and gives a final summarization including question for help and explaining what comes next.
- Ask about the (cultural) background and taboos of the pt. which may influence their (illness) beliefs about cause and treatment and their coping style.

Providing information:

- Speaking slowly and in short sentences.
- Using plain, understandable, non-medical language
- Gives a clear summary at the closure including the need for help. Checking if the patient understands the information
- Pausing after giving information about what comes next with intent of allowing patient to react to and absorb the given information

Responding to emotions:

- Openly encouraging or is receptive to the expression of emotion (e.g., through use of continuers or appropriate pauses (signals verbally or nonverbally that it is okay to express feelings.
- Recognizing emotional expression.
- Identifying, verbalizing, and accepting feelings.
- To elicit and be open-minded for patients concerns and needs and explore possible taboos.

Confidence:

- Adjust your communication and patient educational skills to patients with limited health literacy.
- Engage with the patient in a personal though professional way.
- Identify and gather adequate information from patients with limited health literacy.
- Provide clear information to patients with limited health literacy.
- Respond to verbal and nonverbal emotional expressions.
- Create a shame free environment for patients with limited health literacy.

References

Lecture: Gathering information - Challenges in Anamnesis