

Activating previous knowledge – providing information
<b>Short description</b>
Group activity. Activate previous knowledge by answering the questions and sharing the answers in mind maps.
<b>Duration:</b> 15 minutes
<b>Learning goals</b>
<p>The student</p> <ul style="list-style-type: none"> <li>• describes the characteristics of a shame free environment and how to establish that</li> <li>• selects and describes effective communication techniques to provide information to clients with limited HL</li> </ul>
<b>Materials</b>
<ul style="list-style-type: none"> <li>• Large white sheet of paper</li> <li>• Markers</li> </ul>
<b>Instructions</b>
<p>Make a mind map about these subjects in a subgroup. Write down as many answers as possible on each question for 4 minutes. Exchange and discuss your results with another group.</p> <ul style="list-style-type: none"> <li>▪ Question 1: What can you do to create a <b>shame free environment</b>?</li> <li>▪ Question 2: What are the adequate communication skills you should use in <b>providing information</b> to clients with limited HL?</li> </ul>
<b>Tips for supervisors</b>

## 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....

## What are adequate communication skills you should use in PROVIDING information to clients with limited HL?

- Be aware that 1 out of 3 clients could have limited HL.
- Ask what the client already knows about his condition
- Do not presume basic knowledge of the body
- Use short sentences and simple words
- Speak to the point (not too much information or side steps from your message)
- Be concrete, use examples from client's ADL

What are adequate communication skills you should use in **PROVIDING information** to clients with limited HL?

- Avoid sayings and expressions
- Connect to the client's language use
- Use images (not self-drawn)
- Check understanding (teach-back)
- Stimulate asking questions in the right way

**References**

Lectures:

- General communication skills
- Role of PT to apply HL
- HL on Micro level
- Providing information

Learning Activity: Plain language
<b>Short description</b>
<p>Our clients or patients have diverse backgrounds, various levels of education or literacy, and they may prefer to speak a different language. These issues can become barriers for them to understand health information and benefit from the therapy. You cannot judge someone's literacy level just by looking at the client. A person may present themselves well, speak well, and appear to understand what is going on, however this does not always mean that this truly is the case.</p> <p>It is recommendable to approach clients with the understanding that even those who are well-educated may still struggle with health-related information. The language used in the health field is not commonly used in everyday language and even those with good educational backgrounds may not understand what their diagnosis means or what is being asked of them.</p> <p>Even someone who normally manages health information well, may have increased difficulty under certain circumstances. When a person is feeling anxious, or overwhelmed with too much information, they may not be able to understand or use health information in a correct way.</p> <p>At the end of the day, it is best to use simple, understandable language to avoid any opportunity for misunderstanding.</p>
<b>Duration: 15 minutes</b>
<b>Learning goals</b>
<p>The student</p> <ul style="list-style-type: none"> <li>• Recognizes the difference between plain language and more difficult language (incl. jargon)</li> <li>• Uses plain language in communication with clients (with Limited HL)</li> </ul>
<b>Materials</b>
List of words
<b>Instructions</b>
<p>The PPT slide shows a list of words we often use that are considered complicated. Can you think of other words we could use in their place? Use plain language. Think about how you would explain things to a client with LHL.</p>

Reflection	
<p>Can you describe a situation in which you did not understand the given information?            How did you feel?            How did you respond?            How would you have liked to respond?            Did the other check your understanding?            What could the other have done – so the information would have been easier to understand?</p>	
Tips for supervisors	
<p>Share a personal health literacy story about having trouble understanding health information.</p> <p>This assignment should be adjusted to difficult words in your own language.            Other options: Mobilize / Risk factors / Lifestyle / Request for help / load bearing / within the pain threshold</p>	
References	<p>Lectures:</p> <ul style="list-style-type: none"> <li>• General communication skills</li> <li>• Providing information</li> </ul> <p>Example words in English: <a href="#">Plain language thesaurus for health communications (cdc.gov)</a></p>

### Complicated & commonly used words

Hypertension  
 Diabetes  
 Annually  
 Arthritis  
 Cardiovascular  
 Prevention  
 Screening  
 Referral

### Examples plain language

High blood pressure  
 Elevated sugar in the blood  
 Every year  
 Pain in joints  
 Having to do with the heart  
 .....  
 .....  
 .....

Learning Activity: Providing information diabetes / COPD
<b>Short description</b>
<p>You can't tell someone's literacy level just by looking at them. A person may present themselves well, speak well, and appear to understand what is going on, however this does not mean that they truly do.</p> <p>The language used in the health field is not commonly used in everyday language and even those with good educational backgrounds may not understand what their diagnosis means or what is being asked of them.</p> <p>Even someone who normally manages health information well may have increased difficulty under certain circumstances. When a person is feeling anxious, or overwhelmed with too much information, they may not be able to understand or use health information as well as normal.</p> <p><b>At the end of the day, it is best to use simple, clear language to avoid any opportunity for misunderstanding.</b></p>
<b>Duration:</b> 1 hour
<b>Learning goals</b>
<p>The student shows effective communication techniques</p> <ul style="list-style-type: none"> <li>• to make contact and create a shame-free environment</li> <li>• to provide clear information to clients with limited HL</li> </ul>
<b>Materials</b>
Written conversation about diabetes / roleplay diabetes
<b>Instructions</b>
<p>Small groups – 3 / 4 students</p> <p>Read the conversation (or alternative use as roleplay)</p> <p>Assignment 1:</p> <ul style="list-style-type: none"> <li>• Which questions in the conversation contribute to recognizing limited health literacy?</li> <li>• What is going well in the conversation and what could be improved (tops and tips)?</li> <li>• Formulate improvements.</li> <li>• List the criteria that information for clients with limited health literacy should meet.</li> <li>• Find visuals suitable to support this information about diabetes.</li> </ul>

**Assignment 2:**

- Now discuss how you would provide information about COPD?
- Formulate and write down the information you want to provide.
- Find suitable visuals to support the information.
- Ask your peers and your teacher for feedback.

Try this at home 😊 with a friend or family member and check their understanding.

**Reflection**

- How easy or difficult is it to use plain, understandable, non-medical language?
- How easy or difficult is it to limit the amount of information?
- How easy or difficult is it to find understandable visuals?
- What can you learn from the feedback from your peers, teacher and your friend or family member?

**Tips for supervisors**

The conversation could be presented as a roleplay / exercise in class.  
It can also be a preparation assignment for a roleplay or another communication skill training

**References**

The text of the conversation is translated from a clip in Dutch.  
[Deel 2 Zelfmanagement en beperkte gezondheidsvaardigheden - in de spreekkamer - YouTube](#)

## Conversation

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

Client: I don't 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, if all goes well.

Client: I don't remember.

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

Client: 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've 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's 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 their kidneys. But it can also clog the arteries.

Client: So that's pretty bad?

Yes, luckily you don't 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 explain a little more about that?

Client: If you'd like to do that.

Yes. I'll 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, the 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 isn't working properly, and then I don't 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 a lot.

Client: But I'm already moving a lot, I'm carrying bags around all day and I'm 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's 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's 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'll 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'll look further, ok?

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

Roleplay Providing Information and teach-back (diagnosis Diabetes or COPD or Arthritis)
<b>Short description</b>
<p>Communication skill training with role-playing, observing, and giving feedback with the reflection tool.</p> <p>To following steps are practiced:</p> <ol style="list-style-type: none"> <li>a. introduction phase</li> <li>b. retrieval investigation</li> <li>c. explain what the main problem is (Ask me 3- What is my main problem?)</li> <li>d. what does the patient need to know (Ask me 3 – What do I need to do?)</li> <li>e. explain why it is important for the request for help. (Ask me 3 – Why is it important for me to do this?)</li> <li>f. teach-back and last questions</li> </ol>
<b>Duration:</b> 1 hour
<b>Learning goals</b>
<p>The student</p> <ul style="list-style-type: none"> <li>• selects and demonstrates effective communication techniques to provide (verbal) information</li> <li>• demonstrates the teach-back method</li> </ul>
<b>Materials</b>
<ol style="list-style-type: none"> <li>1. Reflection tool: Providing Information and Teach-Back</li> <li>2. Visual material (example: <a href="https://www.pharos.nl/begrijpjelichaam/">https://www.pharos.nl/begrijpjelichaam/</a>)</li> <li>3. Role description physiotherapist</li> <li>4. Role description client (e.g., Soundos: diabetes, or Idrisi: COPD, or Eva: Arthritis)</li> </ol>
<b>Instructions</b>
<p>You will learn how to inform a patient with limited health literacy about the results of the examination and the diagnosis, for example COPD, Diabetes or Arthritis.</p> <p>You will learn how to create a shame free environment, how to explain in plain language and how to use Teach back.</p> <p>Make groups of seven students</p> <p><u>Student 1</u> demonstrates the introduction phase</p> <p><u>Student 2</u> plays the role of the patient with limited Health Literacy</p> <p><u>Student 3 -7</u> fill in the reflection tool</p>

Every round, another student is playing a different phase. The patient remains the same.

Round 1: introduction phase and retrieval investigation

Round 2: diagnosis (what is it and cause), consequences and prognosis

Round 3: therapy (what are the consequences on the short and long term), therapy/ advice (what can we do about it) and teach-back

### Preparation

1. Study the hand-out from the lecture about providing information and about teach-back.
2. Prepare the full assignment a. till f, at home. (In class the teacher divides the rounds among the students).
3. Select the items you want to practice from the reflection tool
4. Divide the selected items for feedback among the observers
5. Every student prepares their own part, and the student who plays the client prepares the client role (e.g., Soundos: diabetes (\* example), or Idrisi: COPD, or Eva: Arthritis)

### 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 part 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 three 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.

### 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 roleplay, or the teacher decides which theme should be addressed in the reflection.

Items that can be used specifically for this exercise:

**Fostering the relationship:**

- Patient is greeted in a manner that is personal and warm (e.g., asks how the patient likes to be addressed, uses patient's name).
- Encouraging patients to ask additional questions.
- Consider working with a (professional) interpreter, if necessary.

**Providing information:**

- Speaking slowly and in short sentences.
- Using plain, understandable, non-medical language.
- Showing or drawing pictures.
- Using nonverbal communication to support the given information.
- Limiting the amount of information provided and asking the patient to repeat it.
- Checking if the patient understands the information (teach back, show me, chunk, and chunk techniques, ASK me 3).
- Pausing after giving information with intent of allowing patient to react to and absorb the given information.
- Judging appropriateness of written health information for patients with limited health literacy.

**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 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**

## Lectures:

- General communication skills
- Providing information

## Example \* diabetes: Providing information about physiotherapeutic diagnosis and treatment

### 'Ask me 3'

- I. What is my main problem?
- II. What do I need to do?
- III. Why is it important for me to do this?

1. Introduction: Tell what you are going to explain (what is the main problem and how long will it last (I), what is the physiotherapist going to do and what does the patient need to do (II) and why is it important to do this (III)).

*We have just talked to each other about your health. We have done a physical examination. I measured your blood pressure; your abdominal circumference and we did a fitness test. Now I am going to tell you what I have found and what we can do, so that you will have more energy again. It is important that you understand why you have these complaints and what is important to do about it. So, you can explain to others what you need to do to become better after my explanation. **Feel free to ask questions if I am unclear or go too fast.***

2. Explain the findings of the examination. This is a summary because during the examination you also tell what you observe.

*What I observed in the examination is that your blood pressure is too high, and your abdominal size is above the average of what is healthy for a person of your age. The fitness test shows that you can now ... walk in ... time. That is lower than what is healthy and not yet enough to go for a walk every day with your dogs, and that is what you want, right?*

3. (I) Explain the main problem. Outline the physiotherapeutic diagnosis: which functions are restricted, what influence does this have on activities and participation?

*The doctor told you; you have diabetes. What did the doctor explain to you? (Connect with level of knowledge). Diabetes means that there is too much sugar, also called glucose, in your blood. To get sugar out of your blood and for example to your muscles (so you can move), you need insulin. You notice this because you are often tired, very thirsty and must urinate often. Sometimes people with diabetes get problems with their eyes and wounds do not heal as quickly. What people eat and how little they move influences diabetes.*

4. (II) What does the patient need to do? Discuss treatment options (e.g., exercise therapy at the fitness center and/or at home, in a group or alone, in a swimming pool, on a bicycle or...). Ask the patient what he thinks of the options for treatment. Formulate the treatment goals together and explain in what order you want to work on them together.

*What we want to achieve with physiotherapy is to improve your condition in general. This will also help you walking longer distances with the dogs without using the mobility scooter.*

*(Content of explanation depends on phase of education of the student). More exercise helps with weight loss, and it helps to have less stress. We can build it up slowly so you can do more activities yourself, lose weight, and will have more energy. What do you think about that?*

*For now, I advise you to continue to follow the advice of the dietician and your doctor of course. More exercise is especially important, do you have any ideas how you could do that?*

*How often do you walk the dogs a day? What do you think of once a day not using the mobility scooter, but going on foot? What time of day would you like to do that? Would there possibly be someone who can go with you sometimes? I also want to ask you not to sit longer than one hour. After an hour, try to stand for a moment, for example, make a cup of tea or take a walk. How do you feel about that?*

5. (III) Explain why it is important for the request for help.

*You know that diabetes has a bad influence on your health. Especially for people who continue to smoke, exercise too little and eat unhealthily, the symptoms persist and may even increase. You can then get problems with your kidneys, eyes and feet or problems with your heart. Fortunately, there is much that can be done to make the diabetes less or even disappear.*

*Your dietician is already helping you to eat healthier and it is incredibly good that you have stopped smoking. The general practitioner will keep an eye on whether you need medication. I can also help you start exercising more.*

6. Teach-back and last questions: Check that your explanation came across clearly (can you now explain at home what is going on?)

*To know whether I have been clear in my explanation, I want to ask you: what would you tell your daughter or cousin about what is wrong with you and what you can do about it?*

*Check whether you have addressed all aspects of the patient's request for help (e.g., Can I go...? How long will it take?)*

*What questions do you still have for me?*