

## Reflection Tool

### Questionnaire & video observation: Your health literacy consultation and educational skills

#### INTRODUCTION

HL refers to the knowledge, motivation, and competencies of individuals to access, understand, and apply health information for taking decisions for their own health. Those abilities are influenced by various social, environmental, and educational factors.

Limited HL has been reported in nearly 45% of the European citizens. Client groups with limited HL require an individual therapeutic and communication approach from the physiotherapist. To respond to this requirement, physiotherapists need to acquire solid HL competencies during their education.

Health literacy consultation skills are defined as the communication and teaching strategies that have been described as effective with limited health literacy clients. These include, plain language communication, which is the avoidance of medical jargon, Teach-Back (let the client explain the information in their own words to check understanding) and include skills related to shared decision making and promoting self-management.

- Your knowledge of health literacy
- Your consultation skills focused on health literacy
- Your opinion on using health literacy consultation skills (attitude)
- Your confidence in using health literacy consultation skills

This tool is made to help you reflect on your own competences.

It consists of a combination of a questionnaire and a video-observation tool.

You can use the questions for self-assessment, peer-assessment, or teacher/ supervisor assessment as well in learning activities at school as during your internships. You don't have to use the self-assessment part (Likert-scale) if you are using this tool for video observation purposes.

## INTRODUCTION TO

### Reflection Tool for video observation: Learning health literacy consultation and educational skills

Video Observation Tool is made to help you learn about health literacy and reflect your own skills considering health literacy in client guidance. You should do a videorecording in your real-life client guidance and analyze that video with this form. To **blue reflection boxes** in this form, you can collect notes from your client guidance video(s). After the self-analysis, you should participate in a small group discussion where everyone has done their own analysis of their video. Together, you will look at each of the videos for the theme that each of you has chosen from this form. The purpose of your preparation is to bring themes into peer-students reflection discussion and to analyze what are the strengths of your work and where you could continue to develop yourself. If there are no certain theme in the video, you can leave the box for that theme blank.

1

Film your client guidance situation in a video. It can be only just a couple of minutes.  
**Remember to ask your client for permission to filming video in written form and by out loud in a video.**

2

Watch the video to see what themes from this form comes up in your video and reflects how you work according to those themes.

3

Write down your key findings in the blue reflection boxes in this form. Write the exact point where it can be found in your video.

4

Reflect your activities. Which was especially good and why? Could you have acted differently in some situations, how and why?

**The entities involved in the next steps discussion must be implemented in a reliable spirit focusing on positive professional development**

5

Form a group of 3-4 students. Others in your group will act as a peer-students. Everyone has their own video and repeats this same process. Also teacher can join to this discussion.

6

Tell your peer-students (and to your teacher involved into discussion) what themes you would like to analyze. Watch the videos all together. Everyone makes notes from observations of where they want to give feedback.

7

Discuss and reflect your skills with guided reflective analysis discussion. Remember to ask open questions and support professional development in a positive spirit. Give positive and developmental feedback to others.

## General questions

In which year of your study are you?	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> more
How many months of internship have you completed?	<input type="radio"/> 0-2 <input type="radio"/> 3-6 <input type="radio"/> 7-9 <input type="radio"/> 10-12 <input type="radio"/> 13-15

## A. Knowledge about health literacy

Please indicate how much you know about limited health literacy. Choose only one answer.

I know where to find information on limited health literacy		1 Strongly disagree	2 Disagree	3 Neither agree/ nor disagree	4 Agree	5 Strongly disagree
1	I understand the challenges that clients with limited health literacy can have					
2	I know which groups are more likely to have limited health literacy					
3	I can name several health outcomes associated with limited health literacy					

## B. I can adjust my communication and client educational skills to clients with limited health literacy

The following communication and educational skills have been described as effective with clients with limited (digital) health literacy. Please indicate on which level you use the following health literacy communication skills during conversations with simulated clients or in internship/practices. Choose only one answer.

Fostering the relationship – I engage with the client in a personal though professional way		1 Not present/ Acquired	2 Partially present/ acquired	3 Present/ acquired to a minimal degree	4 Clearly present and largely acquired	5 Fully present/ acquired
4	Client is greeted in a manner that is personal and friendly (e.g. asks how the client likes to be addressed, uses client's name).					

5	Determining what the client hopes to achieve by attending therapy.					
6	Attempts to elicit the full range of the client's concerns.					
7	Showing interest in how the problem is affecting client's life.					
8	Encouraging clients to ask additional questions.					
9	Consider working with a (professional) interpreter, if necessary.					

Examples from video observation

<b>Gathering information – I have appropriate skills to identify and to gather adequate information from clients with limited health literacy</b>		<b>1 Not present/ acquired</b>	<b>2 Partially present/ acquired</b>	<b>3 Present/ acquired to a minimal degree</b>	<b>4 Clearly present and largely acquired</b>	<b>5 Fully present/ acquired</b>
10	Using instruments/ questionnaires to identify clients with limited health literacy.					
11	Identifying behavior typically exhibited by people with limited health literacy.					
12	Considering limited health literacy: do you need help to fill in forms? Cues: missed appointments, excuses, inconsistent information.					

13	Encouraging the client to expand in discussing his/her concerns by using active listening techniques (e.g., using various continuers such as Aha, tell me more, go on).					
14	Observing cues related to non-verbal communication to gather information about (not) understanding information.					
15	Creating a shame-free environment by using normalization.					
16	Being sensitive and capable in gathering information about the illness beliefs and the possible influence of personal/ environmental problems on physical problems (and in explaining this to the client).					
17	Asking about the (cultural) background and taboos of the clients which may influence their (illness)beliefs about cause and treatment and their coping style.					

Examples from video observation

<b>Providing information – I have appropriate skills to provide clear information to people with limited health literacy</b>		<b>1 Not present/ acquired</b>	<b>2 Partially present/ acquired</b>	<b>3 Present/ acquired to a minimal degree</b>	<b>4 Clearly present and largely acquired</b>	<b>5 Fully present/ acquired</b>
18	Speaking slowly in short sentences.					

19	Using plain, understandable, non-medical language.					
20	Showing or drawing pictures.					
21	Using nonverbal communication to support the given information.					
22	Limiting the amount of information provided and asks to repeat it.					
23	Checking if the client understands the information (teach back, show me, chunk and chunk techniques, ASK me 3).					
24	Pausing after giving information with intent of allowing client to react to and absorb it.					
25	Judging appropriateness of written health information for clients with limited health literacy.					
26	Involving the client in what and why I am doing during examination and treatment.					

Examples from video observation

<b>Shared decision making – I involve clients with limited health literacy in shared decision making</b>		<b>1 Not present/ acquired</b>	<b>2 Partially present/ acquired</b>	<b>3 Present/ acquired to a minimal degree</b>	<b>4 Clearly present and largely acquired</b>	<b>5 Fully present/ acquired</b>
27	Confirming the request for help and indicate that you will discuss the various treatment options together.					
28	Reassuring the client that you will support and provide clear information, so that the client is enabled to participate in decision-making.					
29	Discussing the treatment options and the likely benefits, and harms of each option with the client.					
30	Supporting clients to explore ‘what matters most to them’, considering the client’s: values, preferences and circumstances.					
31	Supporting the client to make an informed decision together (when necessary, after time to absorb and to discuss with significant others)					
Examples from video observation						

<b>Enabling self-management- I apply strategies adjusted to clients' level of health literacy to enable self-management</b>		<b>1 Not present/ acquired</b>	<b>2 Partially present/ acquired</b>	<b>3 Present/ acquired to a minimal degree</b>	<b>4 Clearly present and largely acquired</b>	<b>5 Fully present/ acquired</b>
32	Assessing barriers and facilitators related to therapy compliance (e.g. illness beliefs, shame, level of education, influence of the family, taboos, cultural influences etc.).					
33	Involving the client in formulating personalized goals and action plans.					
34	Using the influence of the social context in a beneficial way.					
35	Checking the understanding and acceptance of the follow up – plans for next time.					
Examples from video observation						



<b>Responding to emotions – I respond to verbal and nonverbal emotional expressions</b>		<b>1 Not present/ acquired</b>	<b>2 Partially present/ acquired</b>	<b>3 Present/ acquired to a minimal degree</b>	<b>4 Clearly present and largely acquired</b>	<b>5 Fully present/ acquired</b>
36	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.					
37	Recognizing emotional expression.					
38	Identifying, verbalizing and accepting feelings.					
39	To elicit and be open-minded for clients' concerns and needs and explore possible taboos.					
Examples from video observation						

Which skills would you like to develop in the next months?

How do you plan to practice these goals?

### **C. Awareness of own attitude towards using health literacy communication skills and/ or teaching strategies**

What is your opinion/ attitude on using health literacy communication skills and/or teaching strategies? Give an example of a concrete interaction with a client with limited health literacy. Reflect on own competences?

### D. My confidence in using health literacy communication and client educational skills

How confident are you in your ability to:		1 Not confident at all	2 Not confident	3 Neither confident nor not confident	4 Confident	5 Very confident
40	adjust your communication and client educational skills to clients with limited health literacy.					
41	engage with the client in a personal though professional way.					
42	identify and gather adequate information from clients with limited health literacy.					
43	provide clear information to clients with limited health literacy.					
44	involve clients with limited health literacy in shared decision making.					
45	apply strategies adjusted to the clients' level of health literacy to enable self-management.					
46	respond to verbal and nonverbal emotional expressions.					
47	create a shame free environment for clients with limited health literacy					
48	stimulate clients with limited health literacy to manage their own health.					

Which learning goals would you like to reach in the next months?