

Health Literacy

General communication strategies in addressing HL
micro level



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Learning outcomes

You can:

- describe characteristics of a shame free environment and how to establish this environment
- select and describe effective communication techniques to
 - make contact
 - adjust your communication to the client's level of HL



Challenges for physiotherapist

There are different challenges

Before

During

After

the consult.

5 Most common challenges

The client:

1. leaves the decision with me
2. is unable to clearly state the care demand or complaints during the consultation
3. does not follow my advice/ or not correctly
4. does not arrive or arrives too late for the appointment
5. does not show what he or she wants.



[Murugesu et al., 2018]

Image 1. Challenges

The ideal client

- ✓ Can formulate realistic goals
- ✓ Completes questionnaires without complaining
- ✓ Recalls information and asks questions
- ✓ Is compliant to therapy
- ✓ Benefits from the therapy



The ideal physiotherapist

- ✓ Is aware
- ✓ Improves accessibility (information, practice and therapist)
- ✓ Creates a shame free environment
- ✓ Makes contact
- ✓ Adjusts communication – (non) verbal and written

What can you do to create a shame free environment?

Before consult

- ✓ Awareness
- ✓ Accessibility
 - Information
 - Practice
 - Therapist



[Koops van 't Jagt et al.,2016]

What can you do to create a shame free environment?

During consult

- ✓ Welcoming
- ✓ Make contact / connect
- ✓ Without judgement



[Koops van 't Jagt et al.,2016]

What can you do to create a shame free environment?

During consult

- ✓ Speak slowly
- ✓ Use plain language
- ✓ Do not presume much basic knowledge of the body
- ✓ Use “Normalising statements”
- ✓ Use visuals / pictograms

[Murugesu et al., 2018; Wittink & Oosterhaven, 2018]

Skills for communicating with clients with limited HL?

Language

- ✓ Use short sentences and simple words
- ✓ Speak in the present time
- ✓ Speak clearly and not fast
- ✓ Connect to the client's language use
- ✓ Be specific and concrete, use examples from clients' ADL
- ✓ Avoid sayings and expressions

[Murugesu et al., 2018; Wittink & Oosterhaven, 2018]

Examples

Complicated & commonly used words	Examples plain language
Hypertension	High blood pressure
Diabetes	Elevated sugar in the blood
Annually	Every year
Arthritis	Pain in joints
Cardiovascular	Having to do with the heart
Prevention
Screening
Referral



Image 2. plain language

Skills for communicating with clients with limited HL?

- ✓ Do not presume much basic knowledge of the body
- ✓ Ask what the client knows, thinks and feels about his condition
- ✓ Use normalising statements

Normalising statements

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".

Use plain visuals / pictograms

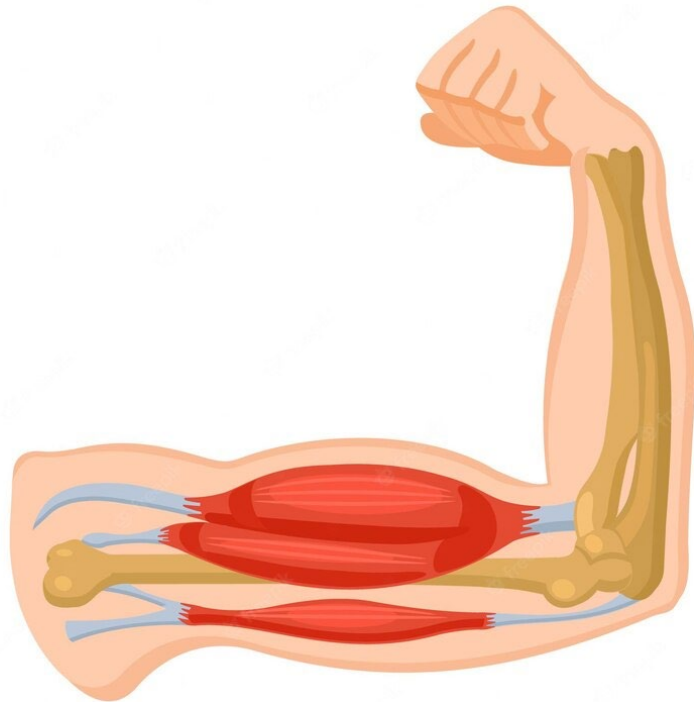


Image 3. pictogram muscle

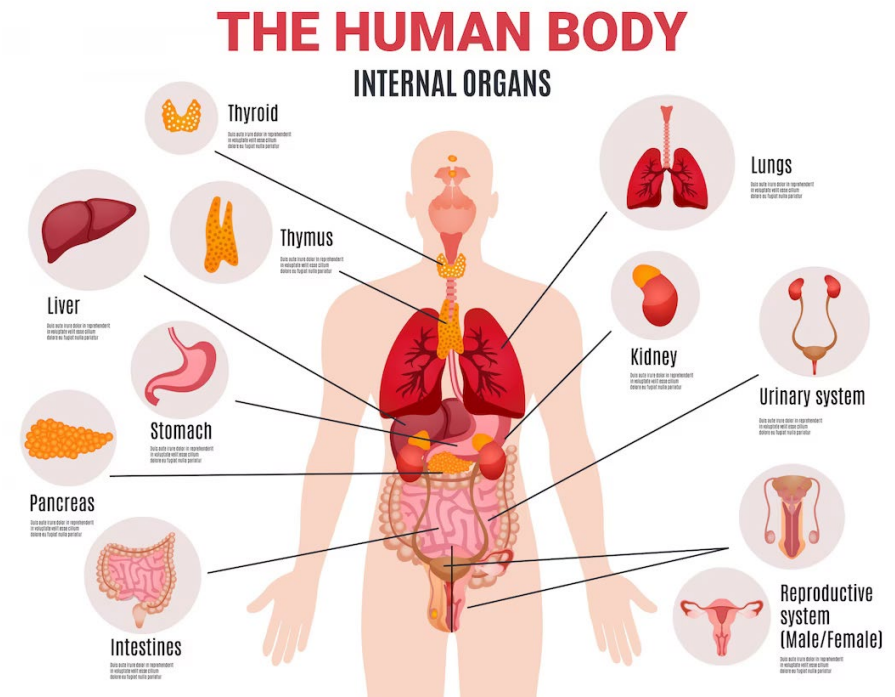


Image 4. pictogram internal organs

Questionnaire/Self-reflection

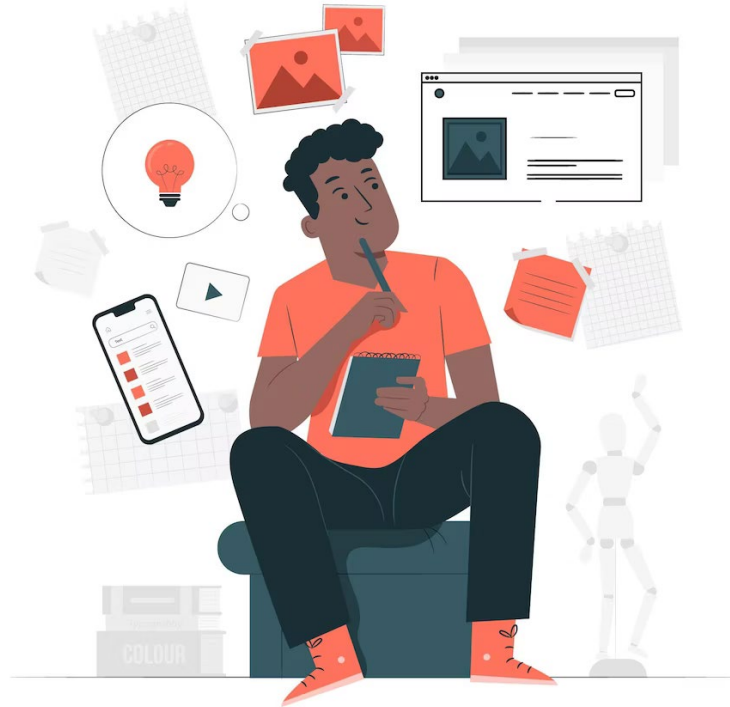


Image 5. Self-reflection

Questionnaire/Self-reflection

Fostering the relationship –

I engage with the patient in a personal though professional way

4. I greet the patient in a manner that is personal and friendly (e.g. ask patient how s/he likes to be addressed, use patient's name).

5. I ask the patient what he/she hopes to achieve by attending therapy.

6. I attempt to elicit all of the patient's concerns

7. I show interest in how the problem is affecting the patient's life

8. I encourage patients to ask additional questions

9. I consider working with a (professional) interpreter, if necessary.

Questionnaire/Self-reflection

Gathering information –

I have appropriate skills to identify and to gather adequate information from patients with limited health literacy

10. I use instruments/ questionnaires to identify patients with limited hl

11. I identify behavior typically exhibited by people with limited hl

12. I consider limited health literacy: do you need help to fill in forms?
Cues: missed appointments, excuses, and inconsistent information.

13. I encourage the patient to discuss his/her concerns by using active listening techniques (e.g., using various continuers such as Aha, tell me more, go on).

14. I observe non-verbal cues to gather information about (not) understanding information

Questionnaire/Self-reflection

15. I create a shame-free environment.

16. I am sensitive to and capable of gathering information about the illness beliefs and the possible influence of personal/ environmental problems on physical problems (and I explain these facts to the patient)

17. I ask about the (cultural) background and taboos of the patient which may influence their (illness) beliefs about cause and treatment and their coping style

References

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Literature

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Health Literacy

Gathering information addressing functional HL
micro level

Challenges in Anamnesis



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Learning outcomes

You are able to:

- select and describe effective communication techniques to
 - identify the level of HL
 - gather information



How to introduce anamnesis

Mentioning your name and first name

Listen to the name of the patient

Ask if this is the first visit to the physiotherapist

Explain procedure 1st consultation

Explain your role as physiotherapist in training

Ask for permission for your part in the session



Image 1. Anamnesis

How to introduce anamnesis

Ask for the doctor's referral



Image 2. Senior male patient meet therapist

Ask if there are any questions or remarks about the referral

Ask open question about the reason for coming
(initial request for help)

More information to plain language:

<https://plainlanguagenetwork.org/plain-language/what-is-plain-language/>

Anamnesis: Somatic factors

Localisation

- Where is the pain/burden/restriction located?
- Is the pain superficial or deep? Is there any radiation?

Origin

- How did the complaint arise?
- Acute (what caused it?) or gradual?
- If acute: Can you indicate what kind of movement, you made at the time?
- What did you do immediately afterwards/ with what effect?

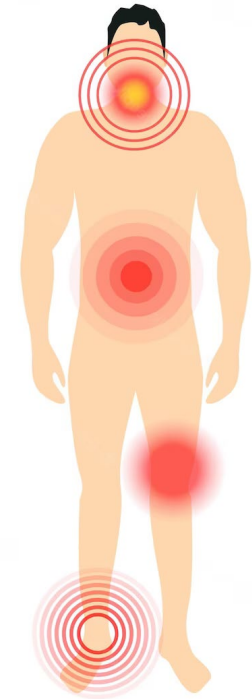


Image 3. Location of symptoms

Anamnesis: Somatic factors

Functional impairment

- Which movements/activities can you no longer perform well?
- Why is this no longer possible?
(loss of strength, pain, loss of sensation or endurance?)



More information to plain language:

<https://plainlanguagenetwork.org/plain-language/what-is-plain-language/>

Image 4. Somatic factors - functional impairment



Anamnesis: Somatic factors

Time lapse

- When did the complaint start?
- How has the pain/restriction progressed since the onset?
When does the pain decrease/increase?
- What is the current situation?
- Have you had these complaints before? If so, what happened then?

If necessary, ask further questions

- What is the course during quiet periods such as weekends and holidays?
- How does it develop during the week/ day?

Anamnesis: Somatic factors

Intensity

- How bad is the pain when you experience it at its most intense/ during the most taxing activity (scale 0-10)?
- How often do you suffer?
- Is the pain always equally severe? How is the severity in relation to the activity/exertion (grading)?



Image 5. Pain scale level

Anamnesis: Somatic factors

History

- Have you had this complaint before (in the same region)?
- What was the diagnosis? What was done with it then? With what result?
- Does this complaint occur more often in your family?

Closing summary before you continue with:

Cognitions

Emotions

Behaviour

Social Impact

Cognitions:

patient's ideas about the origin & persistence of the complaints

5 questions from Leventhal

1. What do you yourself think is going on?
2. What do you think could be the cause?
3. What are your expectations about how long it will take?
4. What do you think you need to pay attention to?
5. What do you expect physiotherapy to do for you?

[Leventhal et al., 2003]

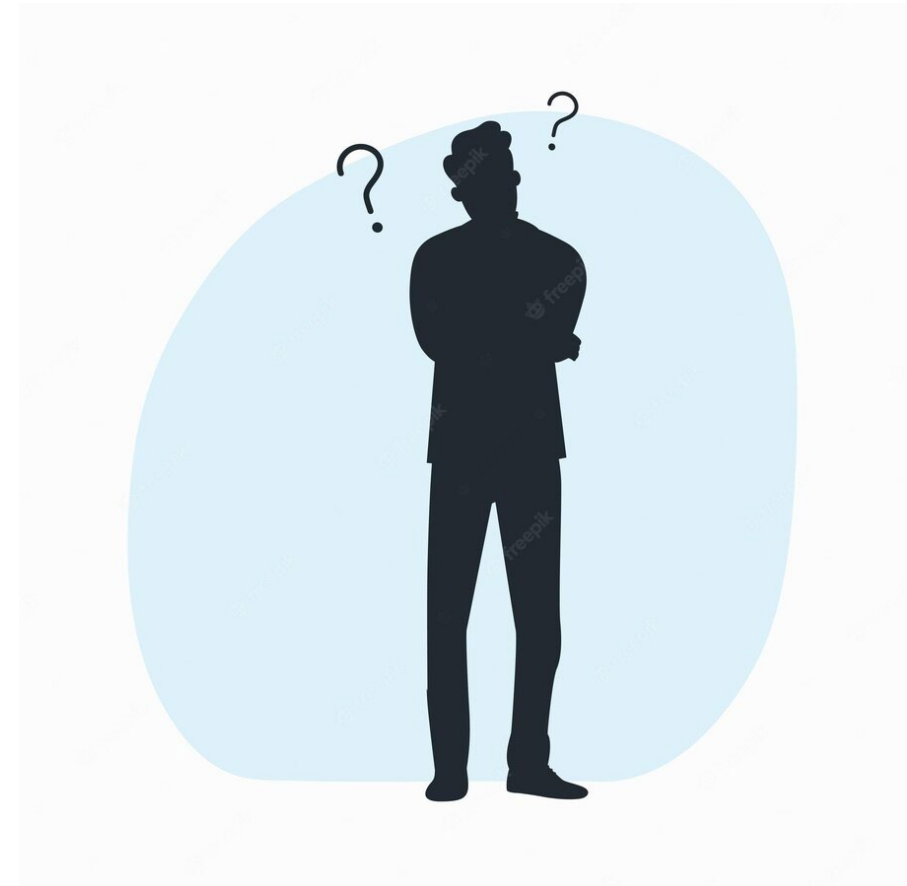


Image 6. Questions



Emotions



Image 7. Emotions

Effect on feelings

- "Now that you have those complaints, how do you feel about them?"
- "Does it ever get too much for you, since you have these complaints?"

Be aware of catastrophising or trivialising:

- "Do you have any concerns about it?"

Behaviour

Coping

- "What do you do when it bothers you?"
"How does that help?"
- "What have you tried yourself? What was the effect?"

Restraint/avoidance

- "To what extent are you limited by your symptoms?"
- "What do you no longer do or do much less since experiencing this?"

Social impact



Image 8. social impact

1) Do people at home notice that you have complaints/reduced fitness? What is your home situation like? How do they react? How do you feel about that?

2) What are the consequences of the symptoms/impaired condition for work/study? What kind of work/study do you do? (Duration, working conditions, reaction of colleagues etc.)

3) Does the complaint/condition influence what you used to do in your free time (content, intensity, reaction of (sports) friends etc.)?

Questionnaire/Self-reflection

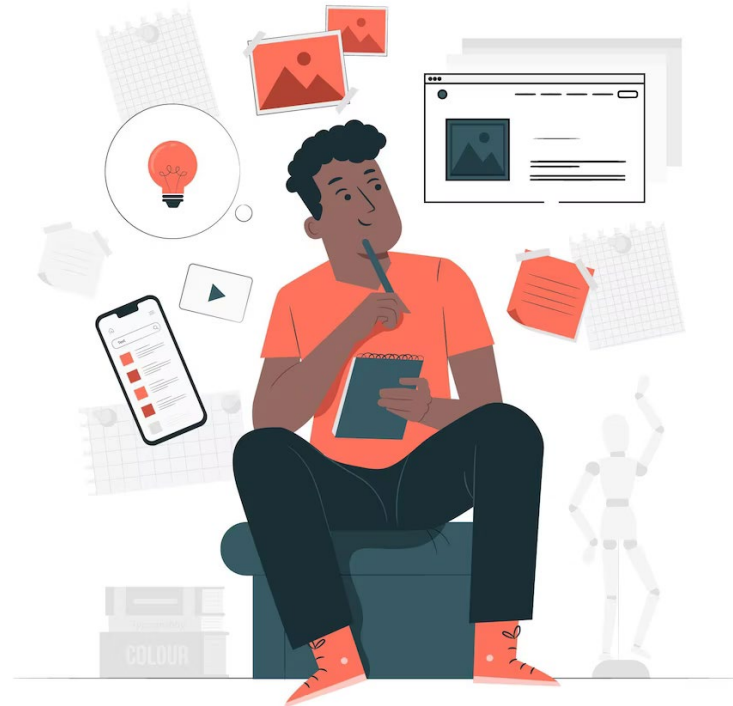


Image 9. Self-reflection

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References

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Health Literacy

Providing information addressing functional HL
micro level



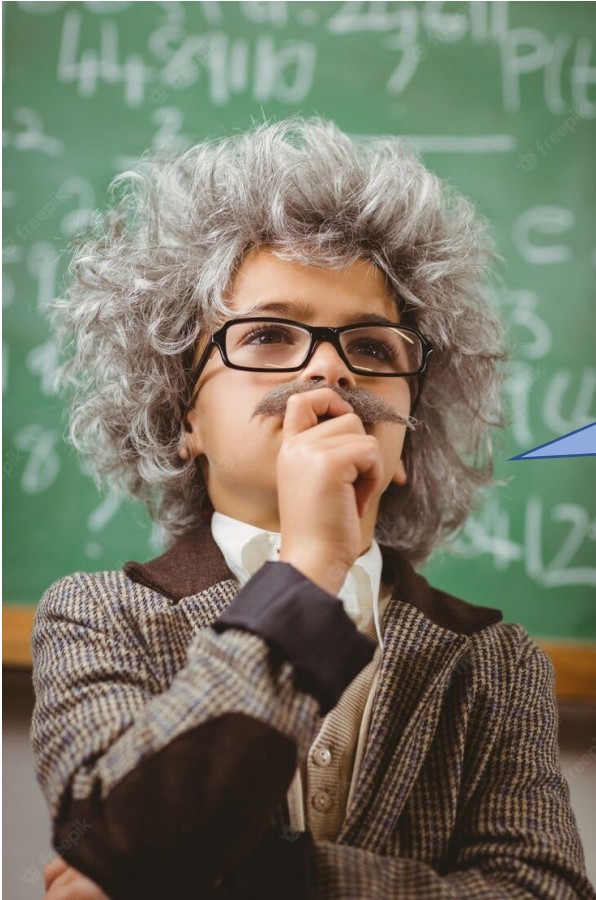
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Learning outcomes

You are able to:

- describe what the characteristics of a shame free environment are and how to establish that
- select and describe effective communication techniques to provide information
 - Ask me 3
 - Chuck and chunk
- Check if the client has understood your information by using the Teach Back method





Einstein:

“If you can't explain it simply, you don't understand it well enough.”

Image 1. Picture Little Einstein

What can you do to create a shame free environment?

During consult

- ✓ Make eye contact
- ✓ Speak slowly and use plain language
- ✓ Do not presume much basic knowledge of the body
- ✓ Use “Normalising statements”
- ✓ Use visuals / pictograms

[Murugesu et al., 2018; Wittink & Oosterhaven, 2018]

Skills for communicating with clients with limited HL?

Language

- ✓ Use short sentences and simple words
- ✓ Speak in the present time
- ✓ Speak clearly and not fast
- ✓ Connect to the client's language use
- ✓ Be specific and concrete, use examples from clients' ADL
- ✓ Avoid sayings and expressions

[Murugesu et al., 2018; Wittink & Oosterhaven, 2018]

Adequate communication in providing information

- ✓ Be aware: 1 out of 3 clients could have limited HL
- ✓ Ask what the client already knows about his condition
- ✓ Check understanding (teach-back)
- ✓ Stimulate asking questions

Ask me 3 - Checklist for client

1. What is my main problem ?
2. What do I need to do ?
3. Why is it important for me to do this ?






Image 2. Ask me

[Toibin et al., 2017]

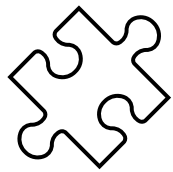
Ask me 3 - Checklist for physiotherapist

Make sure the client knows:

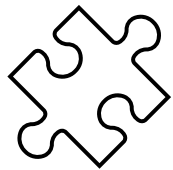
1. What the health problem is 
2. What the client should do 
3. Why it's important to do so 

[Toibin et al., 2017]

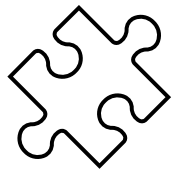
Chunk and check



Break down the information into smaller, more manageable chunks - rather than providing it all at once.



In between each 'chunk', use methods such as teach back – to 'check' for understanding before moving on.



Give the opportunity for questions, at key points

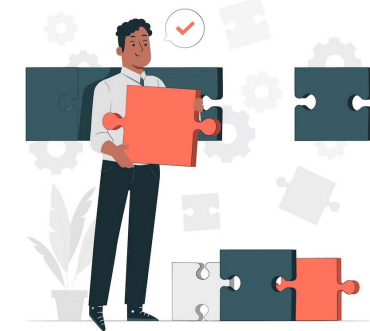


Image 3. Chunk and check

Teach back method

Teach back is a way to check for understanding.



George Bernard Shaw:
„The single biggest problem in
communication is the illusion that
it has taken place“

Image 4. Teach back method

What does Teach-back do?

Improves:

- 2-way communication

- effectiveness of treatment

- skills, understanding, confidence and knowledge

Addresses Health Inequalities

Teach back method

After explaining something,

ask the patient to tell you
the explanation in their own words,

to check if you have explained it in the right way.

The physiotherapist is responsible for communicating clearly!

Step 1

Explain one concept of a diagnosis or treatment plan to the client. Be mindful of the amount of information conveyed after each step. The information should be broken up into smaller pieces to avoid confusion.

Step 2

Assess client's recall and understanding by asking the client to explain what you said in their own words. Use plain language and phrase the question in a way that the client doesn't feel 'tested'. Emphasise that you want to make sure you did your job well.

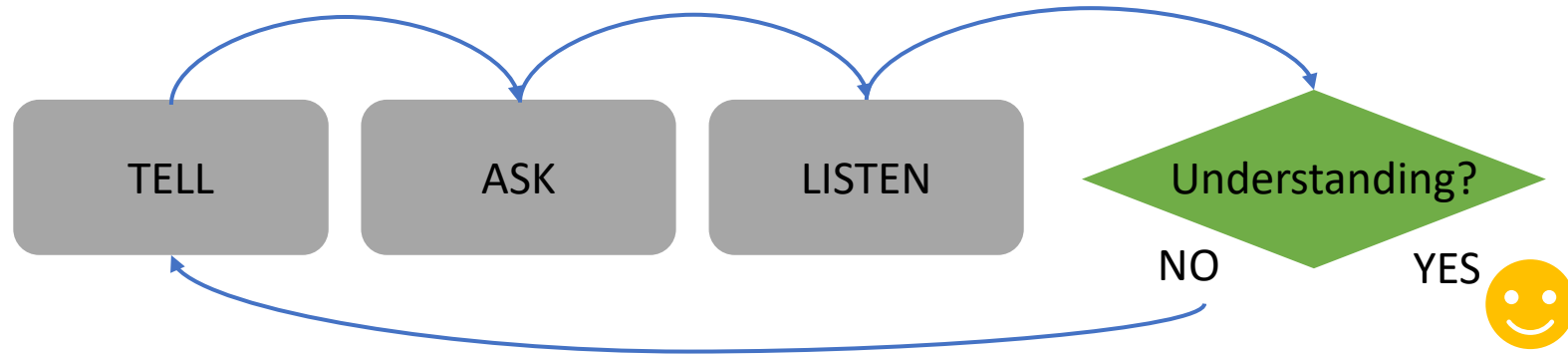
Step 3

If the client has understood the information, introduce the next concept.

If the client has not understood any aspect of the information, go back to Step 1 and 2. Repeat the process until the client can demonstrate that they have understood.



Image 4. Teach back method



Teach back examples

I want to make sure I explained everything clearly, I want to ask you:
I realize we've just talked about a lot, and I want to make sure I didn't forget anything,

- How would you now explain at home what is going on? OR
- What would you tell your about what is wrong with you and what you can do about it? OR
- Would you please show me how you will do your exercises, so I know if I was able to make it clear?

Teach back with a patient with Cardiologic problems



Making Teach back succesfull

Start	Start with the most important message
Focus on	Focus on 2-4 points
Use	Use plain language. No medical jargon
Use	Use patient materials and pictures

Questionnaire/Self-reflection



Image 6. Self-reflection

Questionnaire/Self-reflection

Providing information – I have appropriate skills to provide clear information to people with limited health literacy

18. I speak slowly and in short sentences

19. I use plain, understandable, non-medical language

20. I show or draw pictures

21. I use nonverbal communication to support the given information

22. I limit the amount of information provided and ask the patient to repeat it

23. I check if the patient understands the information (teach back, show me, chuck and chunk techniques, ASK me 3)

24. I pause after giving information with the intent of allowing the patient to react to and absorb the information given

25. I judge whether written health information is appropriate for patients with limited hl

26. I involve the client in the process of examination and treatment, so that he/she knows what and why I am doing it

References

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Health Literacy

Shared decision making and decision aids



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Learning outcomes

You are able to:

- select, describe and demonstrate effective communication techniques to involve clients (*their relatives or significant others*) in shared decision-making.
 - encourage clients to ask questions
 - educate clients to participate in shared decision-making
 - involve clients in shared decision-making
- Know the function of decision aids



Shared Decision Making

Therapist and client make health-related decisions collaboratively

After having discussed:
the options and
the likely benefits, and harms of each option

And considering the patient's:
values, preferences and circumstances.

[Hofmann et al., 2022]



Image 1: Shared decision making

Client involvement in shared decision making

1. Introduction phase
2. Offer help
3. Discuss options
4. Find out patient preference
5. Make an action plan/set goals



Teach back

Step 1: introduction phase

Purpose and procedure shared decision making.

Repeat the request for help.

Explain that you will discuss different options together.

Step 2: offer help

Tell the client you will explain everything as clearly as you can.

Encourage the client to participate and ask questions.

[Elwyn et al., 2017]

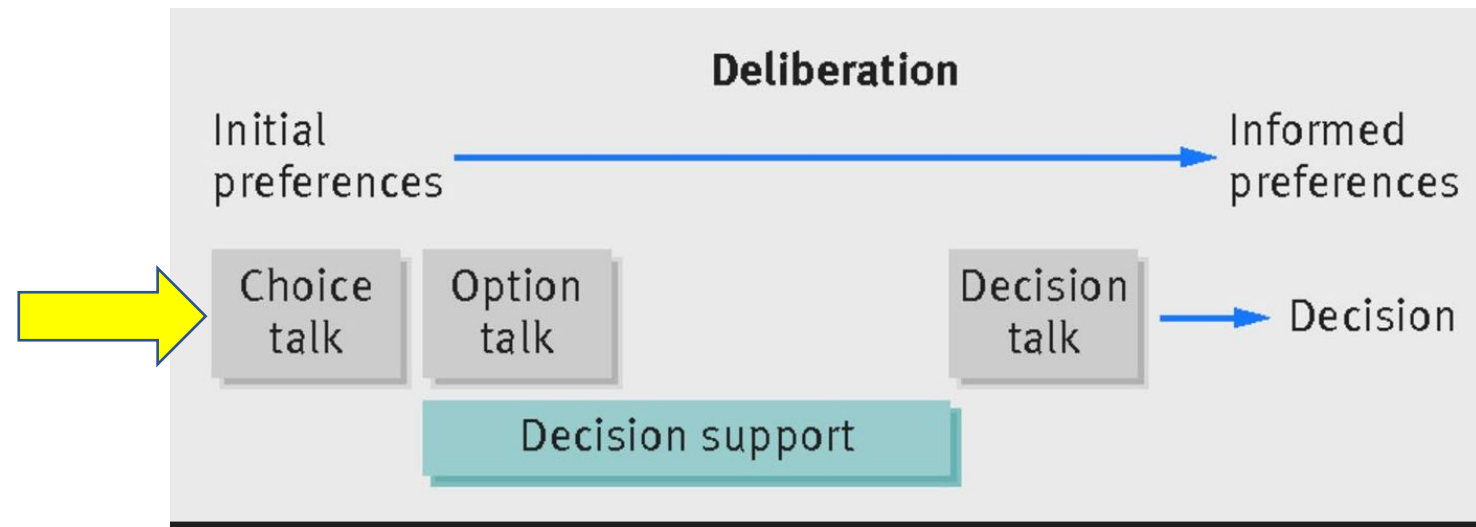


Image 2. Shared decision making by Elwyn et al., 2017

Step 3: Discuss options

Provide information about each intervention (treatment) option:

- including the pros and cons of different options
- including no treatment.

Remember the “providing information” skills!

Use teach-back regularly.

[Elwyn et al., 2017]

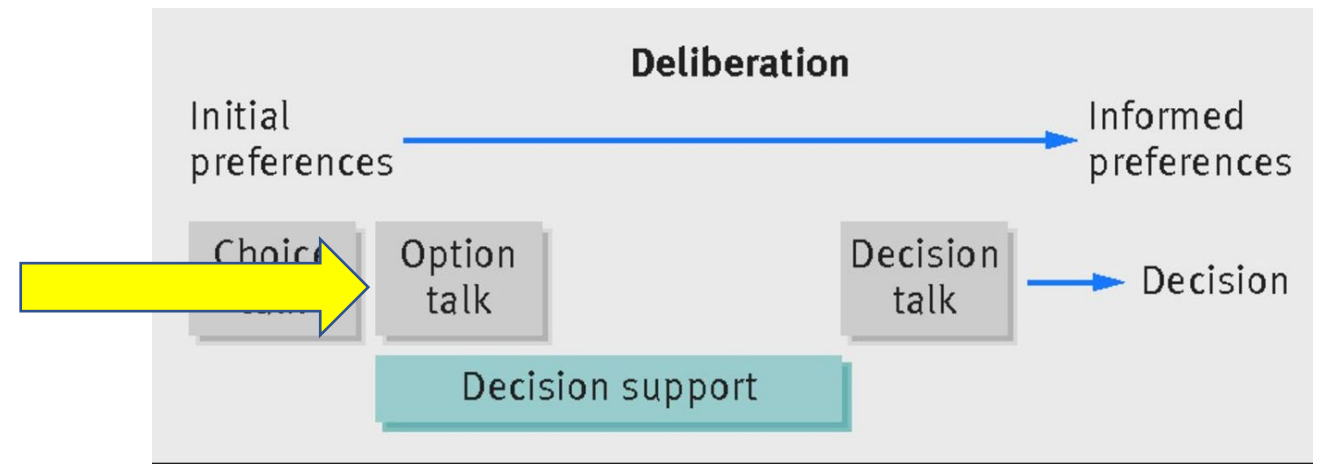


Image 2. Shared decision making by Elwyn et al., 2017

Step 4: Find out client preference

Support the client to share their perspective/personal preference.

What does the client think of the benefits/ risks of different treatment options in the short term and in the long term?
Also, discuss the client's motivation for each option.

Decide together.

[Elwyn et al., 2017]

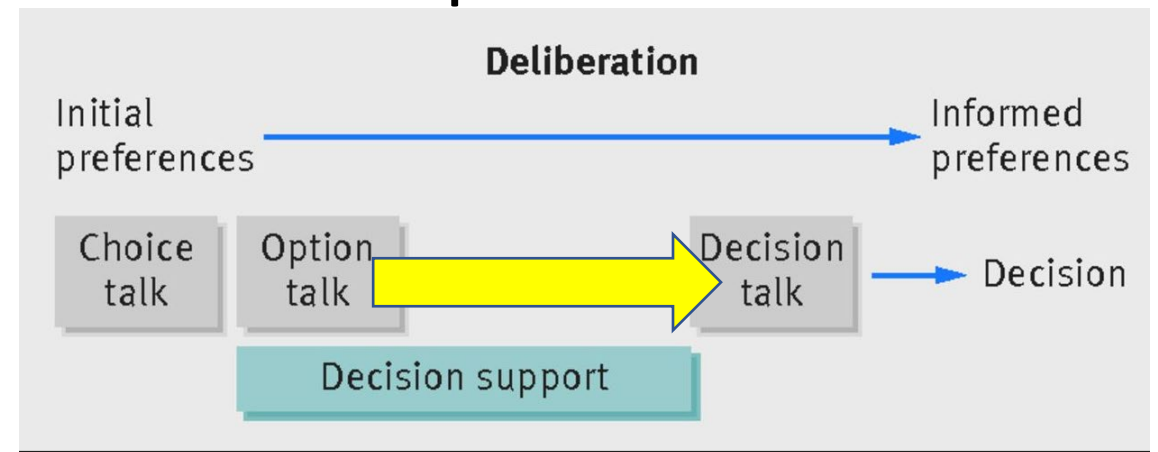


Image 2. Shared decision making by Elwyn et al., 2017

Step 5: Make an action plan / set the goals

Make an action plan/set goals.

Make sure it is clear what the client can expect from you and what you expect from the client.

[Elwyn et al., 2013]

Use teach-back!

Decision Aids – support client preference

Patient decision aids are tools designed to communicate the best available evidence on treatment or screening options to patients

in ways that encourage them to engage with their providers to choose an intervention that is

→ consistent with the evidence AND

→ with their personal values.

[Holmes-Rovner et al., 2007]

Decision aids can support the decision talk during the steps of shared decision making.

Decision Aids includes

1. necessary informations about the health problem as the starting point for a discussion with patients about their preferred option.
2. structure of a decision tree to describe each option, its outcomes, and related probabilities to facilitate patient judgments of the benefits versus the harms.
3. patient and professional roles based on their level of exchange of information about options, outcomes, risk management, values, and control over choices.



[Holmes-Rovner et al., 2007]

Addressing HL in Patient Decision Aids

International Patient Decision Aid Standards (IPDAS) quality criteria checklist includes the use of „Plain language“:

- Is written at a level that can be understood by the majority of patients in the target group
- Is written at a grade 8 equivalent or less according to readability score (SMOG or FRY)
- Provides ways to help patients understand information other than reading (audio, video, in-person discussion)

[Muscat et al., 2021]

Professionals need to check if there used materials tailored to all people.
Decision aids can be a support in finding the best treatment.



Follow up after the visit

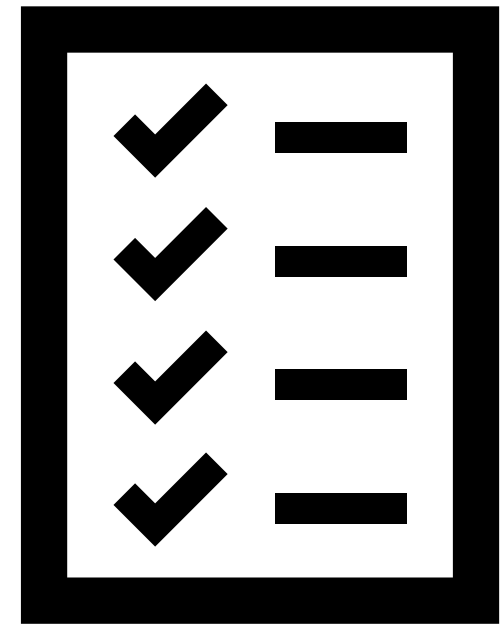
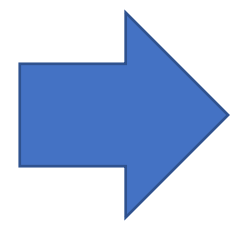


Image 3. Senior male patient meet therapist

Questionnaire/Self-reflection

Shared decision-making – I involve patients with limited health literacy in shared decision making

27. I confirm the request for help and indicate that I we will discuss the various treatment options together.

28. I reassure the client that I will support and provide clear information, so that the client is enabled to participate in decision-making.

29. I discuss the treatment options and the likely benefits, and harms of each option with the client.

30. I support clients to explore ‘what matters most to them’, considering the client’s: values, preferences and circumstances.

31. I support the client to make an informed decision together (when necessary, after time to absorb and to discuss with significant others)

References

Image 1. [Shared decision making](#) designed by Drazen Zigic, free license by [freepik](#)

Image 2. Picture of Elwyn, G., Durand, M. A., Song, J., Aarts, J., Barr, P. J., Berger, Z., ... & Van der Weijden, T. (2017). [A three-talk model for shared decision making](#): multistage consultation process. *bmj*, 359.

Image 3: [Senior male patient meet therapist to receive medical consultation](#) designed by [fizkes](#) from [shutterstock](#), free license by [shutterstock](#)

All icons/pictograms from PowerPoint® for Microsoft 365 MSO (Version 2205 Build 16.0.15225.20172) 64 Bit)

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