

ASSESSMENT/REFLECTION TOOL FOR CLINICAL SIMULATIONS

Fostering the relationship – I engage with the patient 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
1	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).					
2	Asking the patient what he/she hopes to achieve by attending therapy.					
3	Attempts to elicit all of the patient's concerns.					
4	Showing interest in how the problem is affecting patient's life.					
5	Encouraging patients to ask additional questions.					
6	Consider working with a (professional) interpreter, if necessary.					
Notes:						

Gathering information – I have appropriate skills to identify and to gather adequate information from patients with limited health literacy		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
7	Using instruments/ questionnaires to identify patients with limited health literacy.					
8	Identifying behavior typically exhibited by people with limited health literacy.					
9	Considering limited health literacy: do you need help to fill in forms? Cues: missed appointments, excuses, and inconsistent information.					
10	Encourage the patient 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).					
11	Observing non-verbal cues to gather information about (not) understanding information.					
12	Creating a shame-free environment.					
13	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 patient).					
14	Ask about the (cultural) background and taboos of the pt. which may influence their (illness)beliefs about cause and treatment and their coping style.					
Notes:						

Providing information – I have appropriate skills to provide clear information to people with limited health literacy		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
15	Speaking slowly and in short sentences.					
16	Using plain, understandable, non-medical language.					
17	Showing or drawing pictures.					
18	Using nonverbal communication to support the given information.					
19	Limiting the amount of information provided and ask the patient to repeat it.					
20	Checking if the patient understands the information (teach back, show me, chunk and chunk techniques, ASK me 3).					
21	Pausing after giving information with intent of allowing patient to react to and absorb the given information.					
22	Judging appropriateness of written health information for patients with limited health literacy.					
Notes:						

Shared decision making – I involve patients with limited health literacy in shared decision making		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
23	Involving the patient in the process of examination and treatment, so that he/she knows what and why I am doing it.					
24	Informing patients about health care or treatment options in more detail, with taking into account the patient's frame of reference.					
25	Supporting patients to explore 'what matters most to them' after informing them about treatment options (time to absorb and to discuss with significant others).					
26	Asking permission for treatment.					
Notes:						

Enabling self-management- I apply strategies adjusted to patients' level of health literacy to enable self-management		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
27	Assessing barriers and facilitators related to therapy compliance (e.g. illness beliefs, shame, level of education, influence of the family, taboos, cultural influences etc.).					
28	Involving the patient in formulating personalized goals and action plans.					
29	Using the influence of the social context in a beneficial way.					
30	Checking the understanding and acceptance of the follow up – plans for next time.					
Notes:						