Practical training: Plan interventions to improve health literacy and digital health in older adults in physiotherapy – PART 1_providing information

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Content

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In this document we used slides from the following HELPE presentation:

Lecture 10_General communication skills

Lecture 12_Providing information

Teachers'manual how to guide a roleplay

1. Introduction and Background Information

Target Audience: Physiotherapy undergraduates

Total Duration: 8 practical hours (**Part 1**: 4 hours; **Part 2**: 4 hours (description in a separate document)

Learning Objective: Plan interventions to improve health literacy and digital health in older adults in physiotherapy using evidence-based strategies.

Topics: design interventions and effective communication; develop personalized digital health education plans; monitoring and evaluation, adapt for individual progress, collaboration with other health care professionals, consider ethical principles

Clients with limited health literacy often struggle to understand health-related information. By adjusting the communication skills of physiotherapists, we can ensure that the information is presented in a clear and easily understandable manner, thereby increasing their access to essential healthcare knowledge.

Health literacy consultation skills are defined as the communication and client educational strategies that fit the needs of clients with limited health literacy, for example, using plain language, teach-back and skills related to shared decision making and promoting self-management.

The following exercises are aimed at providing information. When providing information, a few things should be taken into account, which are described below:

- Create a shame-free environment during consultations: To create a shame-free environment during consultations, healthcare professionals should make eye contact with their clients and speak slowly using plain language. It is important not to presume that clients have much basic knowledge about the body. Healthcare providers should use "normalizing statements" to help clients feel more comfortable and should incorporate visuals and pictograms to support their explanations (Murugesu et al., 2018; Wittink & Oosterhaven, 2018).

- Effective language use: Healthcare professionals must be aware that one out of three clients could have limited health literacy. Before providing information, they should ask what the client already knows about their condition. It is crucial to check understanding using the teach-back method and to stimulate clients to ask questions throughout the consultation (Murugesu et al., 2018; Wittink & Oosterhaven, 2018).

- Ask me 3 method: The "Ask me 3" method provides a checklist for both clients and healthcare providers. For clients, the three key questions are: What is my main problem? What do I need to do? Why is it important for me to do this? For physiotherapists, they must ensure that the client

knows what the health problem is, what the client should do, and why it's important to do so (Toibin et al., 2017).

- Chunk and Check method: The "Chunk and check" method involves breaking down information into smaller, more manageable chunks rather than providing it all at once. In between each chunk, healthcare providers should use methods such as teach-back to check for understanding before moving on. This approach gives clients the opportunity to ask questions at key points during the consultation (Chunk and check - The Health Literacy Place).

- Teach back method: The teach-back method is a way to check for understanding. As George Bernard Shaw observed: "The single biggest problem in communication is the illusion that it has taken place." The teach-back method improves two-way communication, enhances the effectiveness of treatment, and builds skills, understanding, confidence, and knowledge. It also addresses health inequalities by ensuring better communication. After explaining something, healthcare providers should ask the patients to explain in their own words to check if they have explained it in the right way. It is important to remember that the physiotherapist is responsible for communicating clearly. The teach-back process follows a simple cycle: TELL, ASK, LISTEN. If understanding is achieved, the process is complete. If not, the healthcare provider should repeat the cycle until understanding is confirmed. Healthcare providers can use various phrases to implement teach-back, such as: "I want to make sure I explained everything clearly, so I want to ask you: How would you now explain at home what is going on?" or "What would you tell your family member 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?" To make teach-back successful, healthcare providers should start with the most important message and focus on two to four key points. They should use plain language without medical jargon and incorporate patient materials and pictures to support their explanations (Use the Teach-Back Method: Tool 5 | Agency for Healthcare Research and Quality).

2. Practical training

Hours	Topic	Activities	Materials
4	Designing health literacy interventions and effective communication strategies	**Role-Playing: Explaining Exercises (2hrs):** Students pair up. One student acts as a physiotherapist, the other as an older adult patient. The "physiotherapist" explains a simple exercise (e.g., ankle pumps, sit-to-stand) using plain language and visual cues. The "patient" then "teaches back" or "shows" the exercise. Rotate roles. **Visual Aid Creation (1hr):** In small groups, students design a simple visual aid (e.g., a pictogram, a simplified instruction sheet) for a common physiotherapy exercise, keeping older adults with low literacy in mind. **Group Feedback & Discussion (1hr):** Share and critique visual aids and discuss challenges encountered during role-playing.	Patent cases/Roles Whiteboard/flipchart, markers, paper, drawing materials, example exercise instructions Note: In the appendix you will find guidelines for conducting a role play.

3. Checklist for reflection

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 the roleplay-**exercise 1**:

<u>Fostering the relationship:</u>

- 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, chuck, 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 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

Murugesu, L., Heijmans, M., Fransen, M., & Rademakers, J. (2018). Beter omgaan met beperkte gezondheidsvaardigheden in de curatieve zorg: Kennis, methoden en tools. Nivel. https://www.nivel.nl/sites/default/files/bestanden/Beter_omgaan_met_beperkte_gezondheidsvaardighede n_in_de_curatieve_zorg.pdf

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Appendix

Introduction to roleplays

Roleplay aims to simulate clinical tasks in an educational setting. This approach has been shown to improve students' knowledge and confidence to communicate effectively when providing health information to patients with limited health literacy. The purpose of this manual is getting familiar with the essentials of roleplay based on the specific methodology of briefing, simulation of the clinical task and debriefing. In roleplays mostly students are fulfilling the role of the patient and of the intern/junior physiotherapist. Of course, students appreciate practicing with an unknown simulation patient or an actor because that makes the assignment more realistic. It is important to follow certain guidelines on how to instruct the people who are involved in the roleplay. There are also guidelines on how to instruct the students and the role-player/simulation patient/actor who will give feedback after the roleplay and for the teacher as well who will add feedback after the students and simulation patient did. Remember that these are guidelines, in practice you will find out what works best for you.

Methodology

Solving a practical clinical case in a simulated environment.

Recommended steps:

Define the learning objectives

The first step for designing a roleplay is to decide the specific learning objectives that are going to be developed. You can find examples of criteria for an observation list in the reflection tool.

Script design

The script is defined as the timeline and events necessary to build a scenario of the roleplay. The script must be aligned to achieve the previously defined learning objectives set, with the maximum possible immersion.

- What is the location in space and time where the roleplay will take place?
- What is the relevant medical history of the patient?
- How will the participant enter the stage?
- Are there other characters in the scene that act as facilitators or distractors?

What is the script of the patient on stage? Write the role description for the patient in the SCEBS format. Add guidelines on how to play with a person with limited HL. Also add guidelines how to show the signs of the complaint: during which movement and/ or activity does the patient experience what kind of sensation and at what level (e.g., NRS)

Roleplay phases

Briefing**:** In this phase, participants are introduced to the situation they will face and are prepared to start roleplay through creating a safe environment. It explains what roleplay is, and its purpose as an experiential learning activity. The objectives of role play are explained.
Tell the students that you are going to practice this lesson with a simulation patient. That could be a peer-student or someone they do not know.

a.) Allow the simulation patient/actor they do not know to introduce themselves.
Ask the students for a first reaction. (How do they feel about "practicing?" with someone else?)

b.) Tell something about the purpose of the roleplay and emphasize that it is an exercise. That you gain insight into both your qualities and pitfalls by means of roleplay. (You can now experiment. Get out of your comfort zone and find your stretch zone, now you can because it is not a real patient.)

c.) Explain the patient case and the following **rules of a roleplay**:

- Ask the student who is practicing on which points they would like to receive feedback afterwards. Ask a few students to observe these points.

  If possible, hand out an observation form (items from the reflection tool) and divide these items among the other observers, or you can ask the observers where they want to give feedback on. Let them make notes of what they saw or heard literally so they can give an example with their feedback.

- Provide a safe/shame-free setting together:
  The following applies to the observers and fellow students: try not to be a nuisance / do not disturb.

- Give constructive feedback according to the feedback rules.
  "I saw/heard you…"(from their notes)
  "I think the effect of that on the patient was…. Was that your intention? If not, what did you want to achieve? How could you have done that? (Student makes up his own advice.)
  "Would you like another tip? What I might have done is…. because…..How does that seem to you?"

- Tell the student who plays the role of the physiotherapist to always try to keep going, even if something goes wrong or they do not know what to do. Advice to take a moment to summarize aloud what you know so far and often the student can move on. If the student really does not know how to continue, the student may ask for a time out. Ask fellow students what they should do or say at this moment and why.

- The teacher indicates when the role play is finished.

Roleplay:
Moment in which the actual roleplay takes place. The case could end in different ways, either because the initial objectives have been achieved, or because the maximum set time has run out, or the attention of the observing participants has decreased.

The observing participants (the rest of the group of students who observe the scene while the participants are in the simulation), make notes. They will provide positive feedback, and they can provide constructive feedback about points to improve. Their feedback should contain what was literally said (quote), so there can be no doubt about what has been said.

Debriefing:
This phase is the key element in roleplay. The objective is to create a space that promotes introspection and analysis of behaviour, feelings, and the processes that have taken place during the roleplay.

- First reaction. Always give the student who was the physiotherapist the opportunity after the roleplay to give an initial reaction about how he/she experienced it.
- Then ask the student what went well. Ask the observers what went well or let the student who practices choosing peers give feedback. They are only allowed to give positive feedback. Let them make it concrete; they must give examples about role-play.
- Ask the student who was the physiotherapist where he/she has doubts about what he/she would do differently next time.
- Give the observing participants the opportunity to give feedback. You can also decide to let the student who has practiced choose a few students from whom to receive feedback.
- Finally, you give the role-player (simulation client) the opportunity to give feedback on their experience. Note: The role-player can provide feedback on how they experienced the student's approach, not substantively on the quality of the advice or the structure of the conversation. Try to guide yourself in the debriefing process.
- Give any (additional) feedback from your teacher's perspective. Ask the student if they recognize and understand the feedback.
- Finally, let the student tell what went well and what he/she would like feedback on next time to see whether things will go better.

Eventually you can now let the student apply one or more tips by letting him practice again with the simulation patient. This makes the success experience and so the learning effect even greater because of the practice with new behavior.

End the roleplay or the entire lesson with the ‘usefulness’-question to all the students!
Was this helpful to you? and the accompanying questions:

1. What was especially useful? and
2. How useful is this for your communication?

3. How and when will you practice this?
4. Where will you ask for feedback?

You are not bound by this standard formulation. Here are some other formulations:

1. What was it like doing this exercise?
2. Was it helpful to do this?
3. Did you experience the exercise as useful? Why?
4. What specifically was interesting or useful for you in this exercise?
5. What ideas came up to you after this exercise?

At the end of the meeting, discuss the lesson with the external simulation patient (not a peer student), and give feedback if necessary. It is also instructive for their development to receive feedback on their play and contribution to the lesson. And sometimes just a word of thanks is enough.