Practical training: Plan interventions to improve health literacy and digital health in older adults in physiotherapy – PART 2_problem solving

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Content

1. Introduction and Background Information 5
2. Practical training 7
3. Additional Information for specific roleplays: 8
4. Patient Cases/Scenarios 8
5. Checklist for reflection 11
5.1 Communication checklist 11
5.2 Digital Health Ethics Checklist 13
5.3 Collaboration in interprofessional teams-Checklist 14
References 17
Appendix 18

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

Lecture 10 General communication skills

Lecture 12 Providing information

Roleplay Self-tracking via digital device

Roleplay Providing specific training

Teachers'manual how to guide a roleplay

Collaboration in interprofessional teams

1. Introduction and Background Information

Target Audience: Physiotherapy undergraduates

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

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 patient to tell them the explanation 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).

Another important part in effective communication is **shared decision-making**. Shared decision making is a collaborative process where therapists and clients make health-related decisions together. This occurs after having discussed all available options and the likely benefits and harms of each option, while considering the patient's values, preferences, and circumstances. According to Hofmann et al. (2022), this approach ensures that healthcare decisions are both evidence-based and patient-centered. There are five steps of client involvement in shared-decision making (Elwyn et al., 2013):

- Introduction phase: In the introduction phase, healthcare providers should clearly explain the purpose and procedure of shared decision making. They should repeat the client's request for

help and explain that they will discuss different treatment options together. This sets the foundation for collaborative decision-making.

- Offer Help: Healthcare providers should tell the client that they will explain everything as clearly as possible. They must encourage the client to participate actively and ask questions throughout the process. This step ensures that clients feel supported and empowered to engage in their healthcare decisions.
- Discuss Options: Providers should provide comprehensive information about each intervention or treatment option, including the pros and cons of different options as well as the option of no treatment. It is important to remember the "providing information" skills and use teach-back regularly to ensure understanding.
- Find Out Client Preference: Healthcare providers should support the client to share their perspective and personal preferences. They should explore what the client thinks about the benefits and risks of different treatment options in both the short term and long term. It is also important to discuss the client's motivation for each option and decide together on the best course of action.
- Make an Action Plan and Set Goals: The final step involves making a clear action plan and setting specific goals. Healthcare providers must ensure that it is clear what the client can expect from them and what they expect from the client. The teach-back method should be used to confirm understanding and agreement.

Decision Aids - Supporting Client Preference: Patient decision aids are specialized tools designed to communicate the best available evidence on treatment or screening options to patients. These tools encourage patients to engage with their healthcare providers to choose an intervention that is both consistent with the evidence and aligned with their personal values. Decision aids can support the decision-making conversation during all steps of shared decision making. Decision aids include three essential components. First, they provide necessary information about the health problem as the starting point for a discussion with patients about their preferred option. Second, they present a structure of a decision tree to describe each option, its outcomes, and related probabilities to facilitate patient judgments of the benefits versus the harms. Third, they clarify patient and professional roles based on their level of exchange of information about options, outcomes, risk management, values, and control over choices.

2. Practical training

Hours	Topic	Activities	Materials
2	Exercise 1: Problem-solving	**Scenario-Based Problem Solving (60 min):** Present students with several scenarios where an older adult is struggling with a health	Scenarios, patient cases

		or digital health intervention. In groups, students devise monitoring strategies, evaluation methods, and adaptation plans for each scenario.	
2	Exercise 2: Problem-solving	**Feedback Loop Practice (45 min):** Role-play scenarios where the "physiotherapist" receives feedback from the "patient" (e.g., "I can't remember how to use this app," "The instructions are too small"). Students practice adapting their approach in real-time. **Group Debrief (15 min):** Discuss effective strategies for monitoring, evaluating, and adapting interventions.	Scenarios, patient cases Note: In the appendix you will find guidelines for conducting a role play.

3. Additional Information for specific roleplays:

For these specific role plays, information and health technologies can be taken from ILO2 and ILO3 of the course “Health Literacy and digital health”.

4. Patient Cases/Scenarios

01

A 70-year-old woman living alone in a small house in a rural village in Sri Lanka. She lost her husband two years ago due to a stroke, and her health has been declining ever since. She has high blood pressure, type 2 diabetes, and pain in her knees that makes walking difficult. She used to work in paddy farming, but now she relies on a small government pension. Her only son migrated to the Middle East

for work and rarely calls. Her daughter lives in a nearby town but is busy with her own family. She spends most of your days sitting on the veranda, or going to the temple. She feels isolated but is embarrassed to ask for help. In physiotherapy she is struggling with understanding instructions and information about her own health.

02

Mrs. S., a 80-year-old woman has recently had a mild stroke, affecting her balance and causing some weakness on one side. Her daughter is very protective and often answers for her mother during physiotherapy sessions, sometimes dismissing her mother's attempts to communicate or perform exercises independently. The daughter also believes that too much activity will "tire her mother out" or even cause another stroke, leading her to limit her mother's engagement with exercises. Mrs. S. herself is often forgetful of instructions and becomes easily frustrated when she can't recall them. She does not use any digital devices, and her daughter is also not highly digitally literate. Scenarios that facilitate collaboration with other health care professionals and ethical principles

03

Mrs. N. is a 74-year-old widow living alone in a rural area in the Southern Province of Sri Lanka. She was once a midwife but has been retired for over a decade. Her health has declined since the death of her husband. She suffers from type 2 diabetes and chronic joint pain in her hips and hands due to arthritis. Her only son lives overseas in Australia. Although they try to stay in touch via video calls and messaging apps, Mrs. Nalini has difficulty using her smartphone due to hand tremors, and lack of confidence with technology. During a recent hospital visit, her doctor instructed her to monitor her blood sugar using a mobile health app. However, she never installed the app and doesn't know how to use it. She often relies on neighbors for clarification related to medicines or smartphone use. She struggles with physiotherapy sessions via smartphone or difficulty in understanding education materials in languages other than sinhala.

04

Mr. R. is a 76-year-old retired fisherman living in a remote coastal village in the Eastern Province of Sri Lanka. His wife passed away five years ago, and he has limited social contact apart from brief conversations with neighbors. He was diagnosed with COPD two years ago, along with high blood pressure. He experiences shortness of breath, fatigue, and reduced mobility. The district hospital prescribed pulmonary rehabilitation, including breathing exercises and light activity. His daughter lives in a nearby town, the hospital staff encouraged her to help him with telerehabilitation. She visits only occasionally. In physiotherapy he is struggling with understanding instructions and information about his own health.

05

Mrs. L. is a 72-year-old widow living alone in a remote village in the Central Province of Sri Lanka. She used to be a tea plucker but retired over a decade ago. Since her husband's death three years ago, she has grown more socially isolated. Her main health problems are COPD, high blood pressure, and type 2 diabetes. She was referred to a pulmonary rehabilitation program, which includes home-based breathing exercises, light physical activity, and self-monitoring of symptoms. She is encouraged to use a government-approved health app to log her symptoms, receive medication reminders, and access health education videos in Sinhala. However, Mrs. L. does not own a smartphone. She needs to depend on her son for all information and management related to technology. He lives with her but is busy with his work schedule. She often misses exercises and scheduled appointments.

06

Mrs. S. is a 71-year-old widow who lives in a remote village in the Uva Province of Sri Lanka. She formerly worked as a rubber tapper but stopped working after developing severe joint pain and stiffness, later diagnosed as rheumatoid arthritis (RA). She also has hypertension and type 2 diabetes. Mrs. S. was referred to a home-based physiotherapy program for RA management. Mrs. S. does not own a smartphone, nor does she know how to use one. She relies on her daughter, who lives with her, for all health-related digital communication. Her daughter is a schoolteacher and is often away or too occupied to assist regularly. As a result, Mrs. Soma frequently misses her exercises, forgets medications, and is often unaware of changes in her care plan sent digitally by the hospital.

07

Mr. K. is a 74-year-old farmer who lives with his wife in a remote village in the North Central Province of Sri Lanka. He retired from paddy cultivation five years ago after developing chronic knee and lower back pain, recently diagnosed as osteoarthritis. He also suffers from high blood pressure and mild age-related memory decline. He was referred to a home-based physiotherapy program for osteoarthritis, which includes strengthening exercises, joint mobility routines, and education on joint protection and lifestyle changes. His rural hospital promotes the use of a mobile health app to track pain levels, access video demonstrations of exercises, and receive SMS reminders for medication and appointments. Mr. Karunaratne does not own a smartphone, nor does he know how to use one. His grandson occasionally visits and manages tech-related communication, but he lives in town and is available only on weekends. As a result, Mr. Karunaratne often misses exercise sessions, forgets to take his medication. The village Public Health Midwife (PHM) recently noted that his physical function is declining, and his pain has worsened.

Examples for patient case (Exercise 2):
Roleplay Self-tracking via digital device
Roleplay Providing specific training

5. Checklist for reflection

5.1 Communication checklist

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**:

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, 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 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

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 2**:

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.

Gathering information:

- Identifying behavior typically exhibited by people with limited health literacy.
- Encourage the patient to expand in discussing his/her concerns by using active listening techniques (e.g., using various continuities such as Aha, tell me more, go on).
- Observing non-verbal cues to gather information about (not) understanding information.
- Creating a shame-free environment.
- Being sensitive and capable of gathering information about the (health)problem and gives a final summarization including question for help and explaining what comes next.

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.

Enabling self-management:

- Assessing barriers and facilitators related to therapy compliance (e.g. illness beliefs, shame, level of education, influence of the family, taboos, cultural influences etc.).
- Involving the patient in formulating personalized goals and action plans.
- Checking the understanding and acceptance of the follow up – plans for next time.

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.

5.2 Digital Health Ethics Checklist

This checklist is based on the content of ILO1_NUR

Core Ethical Principles

- Does the intervention promote patient well-being and follow the "do no harm" principle?
- Can patients make autonomous decisions about their health data usage?
- Are appropriate technical security measures in place (encryption, access controls)?
- Is patient information protected from unauthorized access and sharing?

Participation and Inclusion

- Are affected communities and stakeholders involved in the therapy process?
- Does the intervention avoid both deliberate and unintentional discrimination?
- Is the intervention/therapy approach accessible to all relevant populations?
- Does it help reduce health inequities rather than exacerbate them?

Transparency and Accountability

- Are data processing activities clearly documented and monitored?

Cultural and Social Considerations

- Is health information adapted to cultural backgrounds and preferences?
- Are communication methods culturally appropriate and language barriers addressed?
- Does the intervention specifically consider vulnerable and underserved groups?
- Are efforts made to ensure equitable access across different populations?
- Does the intervention address rather than worsen existing health inequities?

Communication and Professional Conduct

- Is communication clear, respectful, and compassionate with patients?
- Are complex concepts explained in understandable, culturally appropriate terms?
- Are potential conflicts of interest identified and disclosed?

- Are recommendations free from commercial bias and professional boundaries maintained?
- Is two-way communication facilitated with multiple accessible channels?

Legal and Regulatory Compliance

- Can patients easily access, correct, and request deletion of their personal information?
- Can patients withdraw consent at any time without penalty?
- Is data processing legitimate, proportionate, and accurate?
- Is personal information retained only as long as necessary for its intended purpose?
- Are appropriate technical and organizational measures used to ensure data integrity?

5.3 Collaboration in interprofessional teams-Checklist

This checklist base on HELPE "Collaboration in interprofessional rehabilitation teams" :

Pre-Collaboration Preparation

- Identify the healthcare setting and understand its specific context
- Determine team leadership - Who leads the team in this setting?
- Prepare health condition information - Research and understand the client's diagnosis and medical history
- Review client priorities - What are the client's biggest concerns?
- Prepare for meetings - Come ready to contribute meaningfully to discussions

Building Effective Team Relationships

- Know your team members - Learn names and areas of expertise
- Show appreciation for the work and contributions of others
- Develop trust - Give team members necessary space and voice
- Recognize contributions - Acknowledge what each member brings to the team
- Question constructively - Ask questions without prejudging
- Provide constructive feedback - Use proper feedback rules
- Create belonging - Foster a sense of team identity and shared purpose

Communication Excellence

- Share information effectively - Use clear, structured communication
- Take the patient's perspective into account in all discussions
- Agree on interaction rules - Establish how the team will communicate
- Specify meeting roles - Clarify who will be chairperson, minute-taker, coordinator
- Follow meeting protocols - Understand steps and procedures for team meetings
- Use underlying frameworks - Apply for example ICF model to discuss patient functioning

Goal Setting and Planning

- Jointly agree on criteria for discussing clients and formulating goals
- Create shared care goals - Develop rehabilitation plans together
- Specify contributions - Clarify what each team member will contribute
- Use SMART principles for goal setting:
    - Specific - Clear and well-defined
    - Measurable - Quantifiable outcomes
    - Achievable - Realistic and attainable
    - Relevant - Meaningful to the client
    - Timed - Include specific timeframes

Team Reasoning Process

- Step 1: Identify the healthcare setting
- Step 2: Determine team leadership
- Step 3: Prepare health condition information
- Step 4: Identify client priorities
- Step 5: Identify team priorities and member roles
- Finalize: Assign responsibilities, documentation, and evaluation plans

Intervention and Follow-up

- Prioritize interventions based on client needs and team assessment
- Assign responsibilities - Clearly define who does what
- Document decisions - Keep clear records of plans and goals
- Monitor progress - Assess changes against objectives
- Evaluate regularly - Review team collaboration and client outcomes
- Adjust plans as needed based on ongoing assessment

Professional Development

- Understand your role - Know your scope of practice and contribution
- Respect others' expertise - Value different professional perspectives
- Engage in continuous learning - Stay updated on best practices
- Seek feedback - Ask for input on your collaboration skills
- Reflect on practice - Consider what worked well and what could improve

Organizational Considerations

- Understand organizational support - Know available resources, staff, and working hours
- Follow established practices - Adhere to policies and procedures
- Participate in meetings - Attend and contribute to team discussions
- Use consultation processes - Engage in reciprocal professional consultation

- Maintain professional boundaries while fostering collaboration

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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 is explained 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 by you after this exercise?

At the end of the meeting, discuss the lesson with the external simulation patient (not a peer student), 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.