

## Anamnesis Introduction

### Gathering information to address functional HL

#### Short description

Communication skill training with role-playing, observing, and giving feedback with the reflection tool.  
Training communication skills:

- verbal and non-verbal
- active listening
- mix of open ended and closed questions
- encouraging patients to ask questions
- create a shame-free environment

**Duration:** 30 minutes

#### Learning goals

The student shows effective communication techniques

- a) to make contact and create a shame-free environment
- b) to identify the level of HL
- c) to be sensitive and capable of gathering information about the Localization, Origin, Functional impairments, Timeline, Intensity of the pain, and History of this kind of complaint.

#### Materials

Reflection tool Introduction (Anamnesis)  
Role descriptions for the patient(s) – printed one-sided

#### Instructions

You will learn to do the introduction of a conversation, for example an anamnesis, with a patient with limited health literacy. You will learn how to create a shame free environment and how to recognize signals of limited (health) literacy and to use the technique of 'normalization' (normalizing statements). Use verbal conversation skills such as active listening, using plain language, summarizing, and asking simple questions.

Make groups of 3-4 students

Student 1 demonstrates the introduction and asks reason for visiting the physiotherapist

Student 2 plays the role of the patient with limited health literacy (Role C is with a patient and her

husband)

Student 3 and 4 fill in the (observation) reflection tool.

Every round, every student is playing a different role.

### **Preparation**

1. Read the hand-out from the lecture gathering information
2. Read the roles:
  - a. Eva/ Adam who has a low level of education and is practically illiterate
  - b. Lea/ Leo who arrives too late for the appointment
  - c. Mrs. B. who is accompanied by her husband Mr. B. who is helping her to tell her story

### **Reflection**

Give feedback after each student finishes his/her part.

1. The student who plays the physiotherapist describes what went well and then what to do better next time.
2. Then the observers give their feedback
3. And to conclude the patient gives feedback.
4. The physiotherapist summarizes the main (3) feedback where to focus on next time.
5. In case there is enough time, the physiotherapist can show the role-play again with a focus on the 1-2 feedback points. An observer can have the role of a 'film director' and gives directions when the physiotherapist does not focus on the feedback points. The aim is that the physiotherapist demonstrates the feedback point(s) in the right way this time.

### **Or Processing after the lesson:**

Practice the introduction with someone who has limited health literacy or play a client with limited HL.

When you are the therapist make a video of this conversation (if possible) and evaluate your introduction with the video observation - reflection tool.

Your peers (client and observer) will also give you feedback by filling in the video observation - reflection tool.

Compare your self-assessment and peer assessment, reflect on, and write down which skills you are satisfied with and which skills you can still improve. Formulate new learning goals and a plan of action.

### **Tips for supervisors**

Read the Teachers' manual: How to work with a simulation patient (role-player)

Reflection tool: Students can choose items from the reflection tool to focus on in the role play. Or the student describes which items should be addressed in the reflection.

Next to the items on the reflection tool focus on: gathering information about the Localization, Origin, Functional impairments, Timeline, Intensity of the pain, History of this kind of complaint (and in explaining these questions if necessary to the patient).

## **Role A: Eva/Adam**

60 years old, divorced.

Lives in a small apartment. Works as a private cleaning help.

Low level of education, practically illiterate. Little social network.

Complaint: Eva/ Adam has pain in her/ his knee. The doctor has examined the client. X-rays have also been taken. She has knee osteoarthritis. Eva does not need surgery and has been referred to a physiotherapist.

Request for help: wants to get rid of the pain in her/his knee; cannot work now, so is at home a lot. Prefers not to move a lot, because of the pain in the knee.

### Eva's/ Adam's story

"Today I have my first consultation with the physiotherapist. I feel embarrassed because I do not understand everything right away. During the consultation, I try to answer as well as I can. Sometimes I do not understand what is meant by a question, so I just say 'yes' or 'I don't know'. I wonder if the physio will understand me and help me get rid of the pain in my knee. I do not understand why I was sent to the physiotherapist. I do not understand the meaning of physiotherapy."

Tips for playing the role:

- Little or no eye contact
- Closed body posture
- Doubts when giving answers (you can also see this in her/his facial expression)
- Answers (socially desirable, not always fit to the question asked, silence before answering)

Eva/Adam lacks skills to engage in conversation with the physiotherapist about her/his own health. These skills are so called health skills. Eva/Adam has communication difficulties, which means that his/her interactive health skills are limited.

Interactive health skills are more advanced cognitive skills used together with literacy and social skills to actively participate in daily activities. These skills are necessary to find information and derive meaning from different forms of communication and to apply new information to changing circumstances.

Think of yourself in the role of Eva/Adam and answer as adequately as possible to make the conversation meaningful.

## **Role B: Lea/Leo**

30 years old. Married and has four children, 2 girls aged 3 (twins) and 2 boys 5 and 6.

Lives in a small house in a neighborhood with immigrants and students.

Occupation: Catering Low level of education. Has dyslexia, was diagnosed when he/she was already 14 years old.

Complaint: Lea/ Leo has pain in her/ his low back. She/ he had had a short examination by the general practitioner who advised him/her to go to a physiotherapist. Request for help: wants to get rid of the pain in her/his lower back: cannot work now, so is at home a lot. Prefers not to move a lot, because of the back pain.

### Lea's/ Leo's story

"Today I have my first consultation with the physiotherapist. I have difficulties in arriving on time, because reading the clock is difficult for me. I have a feeling of embarrassment because I do not understand everything right away. During the consultation, I try to answer as well as I can. Sometimes I do not understand what is meant by a question, so I just say 'yes' or 'I don't know'. I wonder if the physio will understand me and help me get rid of the pain in my back. I do not understand why I was sent to the physiotherapist. I do not understand the meaning of physiotherapy. Colleagues told me that I would get a massage. My husband/wife massages me sometimes, but although it is nice, the effect does not last long. I will not take medication. My mother did that for her back pain and she also used sleeping pills. But now she cannot live without pills, and I will not get addicted to pills."

Tips for playing the role:

- Arrives too late for this appointment
- Talks a lot about his work and family and her/his complaints but not in a coherent way
- Gestures a lot
- Does not listen very well. Takes over the conversation and tells things from her/his perspective.
- Answers before the physiotherapist has ended the question.

Lea/Leo lacks the skills to engage in conversation with the physiotherapist about her/his own health. These skills are so called health skills. Lea/Leo has communication difficulties which means that his/her interactive health skills are limited.

Interactive health skills are more advanced cognitive skills used together with literacy and social skills to actively participate in daily activities. These skills are necessary to find information and derive meaning from different forms of communication and to apply new information to changing circumstances.



Place yourself in the role of Lea/Leo and answer as adequately as possible to make the conversation meaningful.

### **Role C: Mrs. B. who is accompanied by her husband Mr. B. who is helping her to tell her story.**

#### **Physiotherapist:**

It is 4 p.m. A couple visits a physiotherapist for the second time because of the wife's neck pain. You have not seen this patient before and you take over this therapy session since your colleague is at congress today.

In the file you only read the following:

- Strained neck. Client indicates a lot of pain.
- Examination indicates no abnormalities. (Exaggerates? Psychosomatic?)
- She is 22 years old. She came to this country four years ago to get married. He is 25 and came to this country at the age of 15 in the context of family reunification. He works in a printing office. They do not have children.
- They are both immigrants. The husband speaks your language well and mainly does the talking.
- Advice: take painkillers before going to bed and keep the shoulders relaxed. Come back if there is no improvement.

Impression of your colleague after the first conversation / consultation: The complaint is not yet clear.

The husband tried to explain his wife's complaints. It was not clear if the patient could speak for herself (language barrier or if she was uncomfortable). Her neck is quite tense and hurts. Your colleague thinks the client exaggerates the pain a bit, and wonders if it could be psychosomatic.

Your colleague did not want to treat her right away before knowing more clearly where the pain is coming from. He recommended rest, relaxation, and painkillers when it is difficult to sleep, and to return if the symptoms did not subside.

You wonder if these results might be influenced by miscommunication.

Only as background information for the couple:

**Mrs. B.:** The neck pain has been killing you for a few weeks now. You cannot sleep well, and you have headaches almost all day long. You have even cancelled your advanced language course, which is about your only outing during the week, twice. It also bothers you that you must burden your husband with this.

His job is not very secure anyway, and now he must keep asking for time off. You think it is nice that he comes along. Since his knowledge of the language is better than yours, you are also glad that he speaks a lot, so you cannot make any embarrassing mistakes. Moreover, that physiotherapist asks a lot of strange questions. You hope that he will treat you today because the pain is killing you.

Think yourself in the role of Mrs. B. and answer as adequately as possible to make the conversation meaningful.

**Mr. B.:** This is the second time this week you had to take time off to go to the physiotherapist with your wife. Upon inquiry among acquaintances, you heard that a physiotherapist sometimes has the patient do gymnastics and sometimes massages. Your wife attends courses, and she is dressed in Western clothes (which your parents and relatives who live nearby criticize a lot). You feel responsible to determine whether this physiotherapy is possible. After the first session you are not so confident: the therapist asked all kinds of questions that have nothing to do with the neck pain and felt 'tightness' in your wife's neck. The therapist could not say clearly what caused the pain, or what treatment is needed. Your wife can be treated if the therapist can clearly say what is going to happen, and if you can get the guarantee that a female therapist will do any massage. You do not understand all that talking, it will not help her, will it? You hope that this time the physiotherapist will treat her.

