Roleplay - Anamnesis Personal and Contextual Factors

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 to 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 gather information during an anamnesis

Materials

Reflection tool - Personal and contextual factors (Anamnesis)
Role descriptions for the client

Instructions

You will learn how to ask personal and contextual factors during an anamnesis with a client with limited health literacy. Use verbal communication skills such as active listening, using plain language, normalization, summarizing and asking simple questions.

Make groups of 4-5 students

Student 1 demonstrates asking the parts Cognitions and Emotions

Student 2 demonstrates asking the parts Behavior and Social circumstances and gives a final summary



Student 3 plays the role of the client with Limited Health Literacy

Student 4 (and 5) give feedback by using the reflection tool

Preparation

- 1. Select the items you want to practice from the reflection tool
- 2. Read the text about the (S)CEBS-model and write down your questions
- 3. View the lecture about Gathering Information and write down your questions
- 4. Read the role(s) for your client

Reflection

Give feedback after each student finishes his/her part.

- 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 client gives feedback.
- 4. The physiotherapist summarizes the main (3) feedback where to focus on next time.

In case there is enough time, the physiotherapist can show the introduction 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 doesn't focus on the feedback points. The aim is that the physiotherapist demonstrates the feedback point(s) in the right way this second time.

Compare your self-assessment and peer assessment, reflect on, and write down which 3 points you want to continue and which 3 point you can still improve and want to do better next time. Formulate new learning goals and a plan of action.

Or Processing after the lesson:

Practice this phase of the anamnesis about personal and contextual factors 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 3 points you want to continue and which 3 point you can still improve and want to do better next time. 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.

Here are suggested items that can be used specifically for this exercise:

Fostering the relationship:

- Asking the patient what he/she hopes to achieve by attending therapy.
- Attempts to elicit all the patient's concerns.
- Showing interest in how the problem is affecting a patient's life.
- Encouraging patients to ask additional questions.

Gathering information:

- 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.
- Ask about the (cultural) background and taboos of the pt. which may influence their (illness)beliefs about cause and treatment and their coping style.

Providing information:

- Speaking slowly and in short sentences.
- Using plain, understandable, non-medical language.
- Gives a clear summary at the closure including the need for help. Checking if the patient understands the information.
- Pausing after giving information about what comes next with intent of allowing patient to react to and absorb the given information.

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 possible 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.



d to verbal and nonverbal emotional expressions.
a shame free environment for patients with limited health literacy.
Lecture: Gathering information - Challenges in Anamnesis

