# Roleplay Teach-back COPD / Diabetes/ Arthritis

**Short description**

Communication skills lesson: role-play and observation.

Training in communication skills:

- create a shame-free environment
- verbal and non-verbal
- active listening
- encouraging patients to tell what they understand and to ask questions
- encouraging patients to ask questions

**Duration:** 30 minutes

**Learning goals**

The student:
shows effective communication techniques

a) makes contact and creates a shame-free environment
b) identifies the level of HL
c) shows how to use teach-back

**Materials**

1. Reflection tool: Providing Information and Teach-Back
2. Role descriptions for the patient: e.g., Mrs. / Mr. Idrisi COPD, Eva/Adam, Mrs./ Mr. Soundos

**Instructions**

You will learn how to use the Teach-back method after you have given information to a patient with limited health literacy.
You will learn:

- how to create a shame free environment
- how to recognize signals of limited (health) literacy
- how to use the Teach-back-method
- how to use verbal conversation skills such as:
  active listening, plain language, normalization and asking questions.

Group size: 3-4 students. Every round, another student is playing a different role.

- Student 1 demonstrates the Teach-Back-method (after a role-play about giving Information about a diagnosis or about an Exercise or about Shared decision)

- Student 2 plays the role of the patient with limited Health Literacy
- Students 3 and 4 fill in the reflection tool.

**Preparation**

1. Repeat all the information about Teach-back (see lectures)
2. Students select items from reflection tool

**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 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 part 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 second time.

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

**Processing after the lesson**

Practice the Teach-back method with someone who has limited HL or plays 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 tool.
Your peers (client and observer) will also give you feedback by filling in the video observation 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**

- Teach-back is a way to check for understanding.
- The important thing is to make sure that the **responsibility for communicating clearly is firmly on the physiotherapist** and that it is not a test of understanding of the patient or the client.
- After explaining a plan, concept, or diagnosis, ask the patient to explain in their own words, **to check if you have explained it in the right way**.

Other options for Teach Back:

- "We have been talking about quite a few different things, and I have given you exercise instructions. Would you mind explaining/saying it back to me so that I know if I was clear.
- After you leave this visit, I know that your wife's going to ask you what happened today. What are you going to tell her?"
- "Would you please show me how you're going to do the exercise, so I know if I was able to make it clear?"
- "I want to make sure that I explained things clearly. Can you explain to me…."?"
- "I realize we have just talked about a lot, and I want to make sure I did not forget anything. How would you tell me what you have heard for our next steps?"

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 which theme should be addressed in the reflection.

<u>Items that can be used specifically for this exercise:</u>

**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.

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| ● To elicit and be open-minded for patients' concerns and needs and explore taboos with them.<br><br>**Confidence**:<br><br>● Adjust your communication and patient educational skills to patients with limited health literacy.<br>● Engage with the patient in a personal though professional way.<br>● Identify and gather adequate information from patients with limited health literacy.<br>● Provide clear information to patients with limited health literacy.<br>● Respond to verbal and nonverbal emotional expressions.<br>● Create a shame free environment for patients with limited health literacy. | |
| **References** | Lectures:<br>● General communication skills<br>● Providing information |