

Learning Activity - Role-play in Digital Health Literacy Providing specific training A: Identifying client's doubt(s) and providing adequate support	
Short description	
<p>Digital health literacy training with role-playing:</p> <ul style="list-style-type: none"> - You identify client's doubts regarding digital training and provide appropriate support for specific training - You get familiar with the app "Physitrack" - You use the reflection tool <p>Preconditions: Application of communication skills (e.g. active listening, use plain language, summarizing and asking simple questions)</p>	
Duration: 40 minutes	
Learning goals	
<p>The student</p> <ul style="list-style-type: none"> - identifies client's doubt(s) regarding digital training - provides adequate support on the identified doubt(s) <p>The student provides specific training by</p> <ul style="list-style-type: none"> - showing and providing information on the first specific exercise 	
Materials	
<ul style="list-style-type: none"> • Role description for the client • Reflection tool • App to provide specific training ("Physitrack"), see for further instructions below 	
Instructions	
<p>You will learn to provide a specific training to a client with limited health literacy. You are able to use basic communication skills during your support.</p> <p><u>Starting point:</u> Through a past consultation, Eva recognized that she must become physically active to counteract her osteoarthritis-related symptoms. In the last consultation, the physiotherapist and Eva concluded that she would benefit from a digital specific training that she could perform at home any time. However, she has also some doubt(s) about the digital training.</p> <p>The first aim of today's session is to identify Eva's doubt(s) she has regarding digital training and provide support on the identified doubt(s). The second aim is to choose one appropriate exercise as a homework exercise, explain it to her, and give advice on exercise performance. After today's session, you will create a specific training for Eva.</p> <p><i>Run the role-play as if today's session is taking place via a video conferencing tool.</i></p> <p>Make groups of 5-6 students:</p> <p><u>Student 1</u> identifies clients doubt(s) regarding digital training</p> <p><u>Student 2</u> provides support on the identified doubt(s)</p> <p><u>Student 3</u> choses one adequate exercise for the client and explains this to her and gives her advices on the correct exercise performance</p>	

Student 4 plays the role of the client (Eva) with limited health literacy

Student 5 (and 6) fill in the reflection tool

Preparation

1. Read the client's role
2. Consider appropriate question types to identify clients doubts regarding digital training
3. Familiarize yourself with the model of "blended therapy" and the advantages of online social networks
4. Consider how you need to adapt your communication, as the role-play should be executed as if it is take place *online*
5. Select items on the reflection tool you want to have feedback on

Reflection

Give feedback after each student finishes his/her part.

- First, the student who is playing the physiotherapist tells what went well and what he/she would like to do better next time.
- Then the observers give their feedback.
- Finally, the client gives his/her feedback.
- The students who played the physiotherapists summarize the main (3) feedback where to focus on next time.
- In case there is enough time, one student can show the role-play again (in the role of the physiotherapists) with a focus on 1-2 feedback points. An observer can takes over the role as 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 time.

Are your learning goals accomplished?

- write down **3 things you want to continue** and
- **3 things you want to do better** next time you practice

Processing after the lesson

1. Read/watch the following instructions given on the webpage on a) how to get access to the app "Physitrack" and b) how to use it: <https://support.physitrack.com/category/>; a) under "Subscription and payments" and b) under "Getting started".
2. Create a specific training for Eva in the app "Physitrack". Use the gathered information and the national guidelines for osteoarthritis as support. After you have created the specific training, you can proceed to the role-play named: "Providing specific training B".

Tips for supervisors

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.

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

Fostering the relationship:

4 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).

6 Attempts to elicit all the patient's concerns.

8 Encouraging patients to ask additional questions.

Gathering information:

11 Identifying behavior typically exhibited by people with limited health literacy.

13 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).

14 Observing non-verbal cues to gather information about (not) understanding information.

15 Creating a shame-free environment.

16 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.
(does not match the original question 16 □ adapted for this exercise)

Providing information:

18 Speaking slowly and in short sentences.

19 Using plain, understandable, non-medical language.

20 Showing or drawing pictures.

21 Using nonverbal communication to support the given information.

22 Limiting the amount of information provided and ask the patient to repeat it.

23 Checking if the patient understands the information (teach back, show me, chunk and chunk techniques, ASK me 3).

24 Pausing after giving information with intent of allowing patient to react to and absorb the given information.

26 Involving the client in what and why I am doing during examination and treatment.

Shared- decision making:

30 Supporting clients to explore 'what matters most to them', considering the client's: values, preferences and circumstances.

Enabling self-management:

32 Assessing barriers and facilitators related to therapy compliance (e.g. illness beliefs, shame, level of education, influence of the family, taboos, cultural influences etc.).

35 Checking the understanding and acceptance of the follow up – plans for next time.

Responding to emotions:

36 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).

37 Recognizing emotional expression.

38 Identifying, verbalizing and accepting feelings.

39 To elicit and be open-minded for patients concerns and needs and explore possible taboos with them.

Case Client with Osteoarthritis	
Setting	Private practice
First/ second/ visit	1st-line physiotherapy practice
Name client and age	Eva (or your own name)
Marital status	60 years old, divorced, small social network
Current Work or education	Lives in small apartment (third floor, no elevator), works in factory/ cleaning, low level of education.
Reason for coming (request for help)	<p>Client has pain in the left knee. Client has been examined by the doctor. X-rays have also been taken. It appears that client has knee osteoarthritis. Client does not need surgery and has been referred to a physiotherapist.</p> <p>Request for help: the client wants to get rid of the pain in the left knee to restart bicycling (500 m).</p>
Somatic aspects: localization, appearance and external symptoms and nature of the complaints	<p>Pain in the left knee, not in one specific place.</p> <p>The knee is swollen and warmer than the right knee.</p> <p>Pain in rest VAS 3, when walking VAS 5 up to 8.</p> <p>Stiffness in the knee is worse in the morning.</p>
Origin	Complaints in the knee started 2 years ago.
Functional disorders and limitations in activities	<p>Pain is the worst when client maximally bends and extends the knee, with climbing stairs and walking for a longer time (> 15 minutes). Walking downstairs is more difficult than upstairs.</p> <p>Riding the bicycle is still possible.</p> <p>Sitting on the left knee is impossible.</p>
Complaints over time	Complaints are getting worse, needs to rest more often.
Intensity: aggravating and mitigating factors	<p>Walking for a longer time (> 15 minutes) and climbing the stairs VAS in rest 3 VAS walking 5 up to 8.</p> <p>Getting up from the couch is also really painful.</p> <p>Also, see functional disorders above.</p>
History: additional complaints, previous treatments. Information that is already known before the anamnesis.	Also, some stiffness in the finger joints.

<u>Contextual aspects:</u> a) Cognitions b. Health information access and comprehension	The client thinks that moving less, will reduce the knee pain. The client is afraid that moving will damage the knee. Client does not know much about the body and health and also doesn't understand everything right away.
<u>Emotions</u> (concerns, perception)	The client is afraid not being able to do grocery shopping. The client does not like to ask for help and wants to be independent. "Today I have my first consultation with the physiotherapist. I have a feeling of embarrassment because I don't 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."
<u>Behavioral consequences</u> a. Current health behavior: b. Health promotion barriers and support:	a. The client is moving less, does not leave the house that often; client is sitting more and does not leave the house often. b. It is difficult to leave the house (because of the stairs).
<u>Social consequences</u> (and perception of them) Supportive professional and personal relationships hobbies, sports, (informal) care tasks	Small social network; searches for online contacts via different social networks. Often alone and asking for help is difficult. Does not do sport - used to ride bicycle to work (misses these bike rides); plays online games
<u>Examination results</u>	ROM limited, swelling, pain VAS 5
<u>Physiotherapeutic diagnosis</u>	Client with OA in the left knee, would like to be independent and continue to work
<u>Instructions how to play the client</u>	<ul style="list-style-type: none"> • You make little or no eye contact • You have a closed body posture • You doubt when giving answers (you also show that in the facial expression) • You wait a while before answering • You are open-minded to use digital tools for physiotherapy when it supports your goal (reducing pain, bicycle again) • You are afraid that you will be left alone with the digital training program by the physiotherapist • You are unsure in performing physical exercises

The role of the Physiotherapist:

Identifying client's barriers and provide adequate support

1. Identifying client's doubts

Identify Eva's doubt(s) regarding digital training.

To do so, use open questions, active listening strategies, create a shame-free environment and be patient and empathetic in your approach. When you think you identified the doubt(s), summarise these in plain language.

2. Provide support on the identified doubt(s)

Explain in simple language the model of "blended therapy", digital social networks, and the possibility of online therapy to check the exercise performances.

3. Provide a specific exercise

Think about:

- What is client's goal for the therapy?
- What exercise can do the client at home alone?
- How can you counteract client's doubt(s)?
- What might be other barriers for digital training?

Please note that you use communication skills for clients with limited HL.