Role-play - Case Example 53 years-old Mary
Collaboration in interprofessional rehabilitation team

Short description

The aim of the task is to gather the client's interprofessional overall situation using from interprofessional perspective using the ICF framework and identify signs of limited health literacy.

Steps of the learning task:

1.) Each student first prepares independently by studying the case description and the ICF framework Interprofessional Collaboration Form, taking notes and completing the ICF form.
2.) Role-play. Students share roles (see below preparation).
3.) Gathering information and shared decision-making notes and discussion. The whole group participates.

The coordinator leads the discussion and makes sure that everyone provides comments. ICF form has to be filled in during the discussion.

First step: individual preparation
Each student becomes familiar with the content of different professional groups and the client's account. Each student should add the topics for interview:
What should the health professional find out? How to recognize signals of limited health literacy? What are the client`s needs for change?

Second step: teamwork (role play)
Students choose who acts as a client and different health professionals, as coordinator who leads the interview, and observers. After that the role-play can start.
(See role-play instructions from the preparation section).

Third step: discussion
After the role play whole group filles out notes in the Interprofessional Collaboration Form and shares the collected information.

Learning goals

You will show collaboration skills together with other health professionals and learn how to gather information using the Interprofessional Collaboration Form

a) Shared decision making using ICF-framework.
b) Person- centered goal setting with collaboration in interprofessional team
c) Recognize and support clients LHL and self-management.
d) How to use verbal conversation skills such as:
active listening, plain language, normalization and asking questions.
e) GAS (Goal Attainment Scale) goal setting using SMART principle together with interprofessional team members.

Materials

Interprofessional Collaboration Form
Role Play descriptions.

LHL identification and additional course materials
Instructions
You will learn shared decision-making skills and how to set person-centered goals with the members of interprofessional team. You will learn how to identify the level of client health literacy. Steps of the learning task: 1.) Each student first prepares independently by studying the case description and the ICF framework Interprofessional Collaboration Form, taking notes and completing the ICF form. 2.) Role-play: Students share roles (see below preparation). 3.) Gathering information and Shared decision making and discussion. The whole group participates. The coordinator leads the discussion and ensures that everyone provides comments. ICF form has to be filled in during the discussion.
Preparation
Make the groups of 8-10 students. Agree on roles: client Mary, nurse, physiotherapist, occupational therapist, social worker/rehabilitation counsellor and coordinator lead the discussion. Rest students act as observers. Read the role descriptions. Everyone prepares the role, how to gather the information, fill the Interprofessional Collaboration Form and recognize the signs of limited health literacy. Pay attention to health literacy readiness, how the professionals could support the client. Observes take notes: e.g., what was successful, what additional information is needed and what other options could be used.
Role Play Client Interview
The client prepares to state, what change does she like to have? Each role plans what to find out and how to recognize signs of LHL. **Coordinator starts the interview by asking: How are you? What is your situation? What change do you like to have?** **Coordinator leads the interview so that each role has the same time (about 5-10 minutes each).** Professionals listen carefully to what the client says and make observations related to health literacy. Observers make notes.

CASE DESCRIPTIONS

The client Mary is a 53-year-old cleaner. She lives with her husband on the 3rd floor of an apartment building with a lift.

She has been on temporary disability pension for six months because she is waiting for knee replacement surgery.

Reason for referral

The client undergoes knee replacement surgery after weight loss. A rehabilitation plan is drawn up by an interprofessional team.

Social history

The client has adult children. Her son has been experiencing financial difficulties and Mary has provided him with financial assistance. She also has elderly parents who need help with daily living.
Nowadays she spends all her free time with her husband at home. In their spare time, they watch television. Mary has a mobile phone, which she uses to contact health professionals and other people. She does not have a computer.

Health problems / health conditions / health status and medical history

Mary has hypermobility syndrome, which is diagnosed when she was under 40. She has osteoarthritis of the joints, particularly pain in her shoulders, wrist and fingers. In her right knee joint, the osteoarthritis has progressed to the point where she has been facing a knee replacement surgery when her weight drops. Maria weighs 92 kg and is 162cm high BMI 35 (severe obesity), waist circumference 98 cm. She will have knee replacement surgery when she loses 20 kg. Joint pains interfere with sleep at night. Sleep is intermittent, she wakes up at night. Her husband says she snores, so sleep apnea is suspected. Daytime fatigue and difficulty concentrating are present. Movement has been limited due to pain. She has to take painkillers every day.

Blood pressure 175/95. She is on medication for high blood pressure, but she takes medicines only when she remembers.

She has accumulated excess weight in adulthood. She tried different diets, which reduced her weight, but after the diet she gained the weight again. She has received advice from health professionals on nutrition and exercise but has preferred to try diets such as weight watchers, Cambridge diet, crepe-fruit diet, Atkins diet, carp diet. She finds it very difficult to walk or exercise because of the pain. She has failed to go to the appointed health checks.

Roles	
Client	
Consider: What would you like professionals to support and change in order to facilitate Mary`s everyday life. Professionals pay attention to signs of limited health literacy (age, educational background, internet use, cognition) Your own perception of your condition and situation: "I am on a sick leave for six months. I look after elderly parents, shop and clean. Otherwise, I spend my free time at home with my husband, watching TV and having a snack. I drive to work and to the shops, for example. I like cooking. I have tried different diets to control my weight. But after the diets, the weight has come back again. Medication: painkiller for joint pain, cortisone for inflammation. I sleep badly, I wake up. Dry mouth in the morning when I snore at night. Headaches during the day. Knee pain decreases my mobility, outside I use elbow braces, in the shop I rely on shopping trolleys. My goal: Losing weight to get knee surgery and move again without pain.	
Nurse	
Record the mood, sleep, sleep apnea, blood pressure, medication, weight monitoring.	
Nutritionist	
Map eating habits (content, portions, rhythm), how to support regular and varied nutrition and eating	
Physiotherapist	
Assess mobility, the need for mobility aids, muscle and joint function, develop an exercise program for weight loss together with the client, consider health literacy.	
Occupational therapist	

Assess the client's housekeeping skills - cooking, dressing, washing - how are they doing (grip strength, upper limb mobility, ergonomics)? Need for assistive devices? Functionality of the home, accessibility, instructions for using household appliances?
Social worker
Take s stock of the financial situation, sick leave/disability, show where the adult son can get advice on the situation, provide outside help for elderly parents, identify the need for home care and food service, whether cleaning help is needed, ask about interests in recreational activities e.g. peer support, social life.

Observers
How client focus, shared decision making was taken into account. Consideration of LHL, signs of LHL, how the client was supported (terminology, plain language, visualization, teach back)
DISCUSSION **Interprofessional gathering information. The whole team participates**
Professionals gather information in a multidisciplinary way and **fill the Interprofessional Collaboration Form (see the example filled form).** **Discussion** after the role paly, where everyone tells the notes and experiences. **Coordinator leads the discussion.** First client tells how was client-centeredness achieved? After that other role continues, how was dialogue, shared expertise, notes of LHL etc.? **How was limited health literacy taken into account?** Summary GAS (Goal Attainment Scale): Client's own goal is to improve everyday coping, identified with the support of professionals. Example I'm taking professional help to lose weight. -2 I have a lot of health problems; I don't know how to start and what to do. -1 I know what my main problems are. 0 I know what to do to my health problems. +1 I know why I need to do. +2 I know where I can get information about my health to take care of myself.