

Performance Keys for Competency In Health Education Skills - BASELINE



Beginning the encounter with a friendly greeting and mutual agenda setting.

It is important to establish a partnership when providing health education. This partnership can be initially promoted through the simple gesture of a friendly greeting, using the learner's name and sharing your own. While this seems obvious, it is a skill that is often overlooked, instead jumping ahead to the information without establishing a relationship with the learner.

This simple action can actually be a very powerful tool that helps to begin the development of rapport. Done well, the instructor introduces him/herself forthrightly and truthfully in a friendly manner that inspires the confidence of the learner. i.e. First impressions do matter. They set the stage and create the context for the development of the relationship. Crucial to this introduction are the non-verbal behaviors that accompany it.

It is equally important, if not more important, to elicit and acknowledge an introduction from the learner. This social behavior sets the power dynamic for the relationship. If only the instructor is introduced, then the power balance becomes weighted for the instructor. The assumption behind such behavior is something like, "I am the one in charge here, and you are the object for my consideration."

Such a dynamic is destructive to the building of rapport where the establishment of mutual respect is fundamental. So, to build rapport, both partners must be introduced into the interaction with mutual acknowledgement and respect in order to create a balanced foundation for proceeding with the "work" of the encounter.

Mutual agenda setting elaborates on the introduction. It is the process whereby each participant identifies not only who they are, but what they want from the encounter and what they can contribute to it. For example, the learner may request information on oral hygiene, or information on gum disease prevention- or a list of dentists who take new patients. It is very important to understand what the learner wants, so the instructor can determine whether s/he can satisfy the request. This process forms the basis for "customer satisfaction".

The partnership establishes a mutual goal and its attainment can be evaluated.

More Effective

Hello, I'm Anne Littleton, and you're ...?

Followed by name repetition, handshake, and rising from the seated position.

How can I help you today? Or other appropriate open-ended question

Less Effective

Lack of eye contact when the learner approaches

Appearing too busy to be bothered to provide attention

Giving the impression that the learner is intruding

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Assessment of the patient's knowledge base and wish for information.

When providing health education, it is important to develop a starting point, and that starting point should begin with the learner. It is desirable to understand what the learner already knows in order to reinforce this knowledge, correct mistaken “knowledge”, and to add appropriately to the existing knowledge base. In other words, it is useful to “baseline” the learner.

It is also important to understand the learner's wish for information. Learners have preferred modalities for learning and that should influence choices the instructor makes for delivery of information. Learning modalities would include written materials, videos, web-sites and support groups.

Additionally, it is helpful to understand the learner's motivation for receiving the information so that the instructor's delivery can be tailored to the learner. A learner who requests information on sexually transmitted diseases for an undergraduate research project has a very different need than the learner who asks for this information because her husband has herpes. These two very different needs would require two very different responses from the instructor.

Understanding the learner's starting point, learning style, and motivation for learning help the instructor to craft the most relevant response for providing tailored information.

More Effective

- I'd like to help focus your search.
- What kinds of information are you interested in? (Identifies content and modality)
- Tell me a little more about what you already know. (Identifies knowledge base)
- What makes you interested in having this information today? (Identifies motivation)
- These types of questions should be offered thoughtfully as leads, not peremptorily as demands.

Less Effective

- Providing a “canned” speech for every learner
- Not engaging in a discussion relevant to the learner's needs
- Not attempting to understand “where the learner is coming from”
- Prescribing information based on the instructor's needs
- Thereby, creating a missed opportunity for real communication

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Structure for information is “chunks and checks.”

Information needs to be able to be grasped by the learner. The instructor’s task, therefore, is to monitor the acquisition of information and to provide a process that does not overwhelm the learner. One way to enhance the learner’s grasp is to offer information in manageable nuggets and to ascertain if that nugget has been understood.

Where information is provided without this process and other customizing efforts, patients remember relatively little of its content (about 40-50%). It is best to reinforce and build on each nugget of learning as it occurs throughout the interview. A feedback mechanism should also be offered so that the instructor develops a sense of the learner’s information management skills. Such a mechanism might be something like, “I’d like to check if my explanation has been clear enough. What do you understand to be the three basics of oral hygiene?”

More Effective

I would like you to understand more about since that’s your main reason for being here today. Let’s go through the information together.

Being responsive to verbal and non-verbal cues of the learner, the instructor manages the flow of information, providing for appropriate distribution and adequate understanding.

Less Effective

The instructor provides all the information in lecture format without taking a breath.

Providing so much information that the learner appears confused and/or overwhelmed. Observing the learner’s eye contact pattern can provide relevant cues. I.E. a glazed look, many darting glances, retreating from eye contact with the instructor may indicate the learner’s desire to “escape” from the weight of the information.

Providing such minimal information that the learner doesn’t know what to think or how to proceed.

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Explanation of information is in an organized and timely fashion.

The organization of information into coherent units that are offered during a teachable moment is an art that requires practice.

More Effective

Streamline information through essentializing its elements.

Think about information in terms of key words and concepts.

Use your voice to underline essential elements, key words and concepts.

A simple and functional way to think about delivering information is that it should have a beginning, a middle, and an end.

Offer information as the learner expresses interest in it. This includes answering the learner's questions as they arise, not saying, "We'll get to that later." Later may work for the instructor, in terms of keeping to an organized agenda, but the learner is organized to receive the information now.

Less Effective

Telling all the information you know about a topic

Providing information in a stream of consciousness fashion, mixing minute details with key concepts and failing to distinguish the two

Giving information in measured tones; not using your voice to full effect to create appropriate emphasis

Making the delivery of information an action performed on the learner rather than a transaction performed with the learner

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Language is concise, easily understood and jargon-free.

More Effective

The use of everyday, ordinary language instead of scientific nomenclature

Providing definitions of scientific nomenclature when it is used

Using analogies from everyday life as parallel explanations for complex medical information. An example is comparing the circulatory system to a highway system.

Less Effective

Using undefined scientific nomenclature

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Information is signposted, repeated, and summarized.

Communication is enhanced when the flow of information is organized.

Signposting refers to the technique of announcing important information. Ex. I'd like you to know that there are three primary causes for your condition.

Repeating information signals its importance and provides the learner with concept reinforcement.

Summarizing information assists in highlighting important information.

More Effective

Organizing the flow of information through the above techniques of signposting, repetition, and summarization.

Less Effective

Not organizing the flow of information, but rather proceeding in "serendipitous" fashion.

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Negotiation of education process by checking patient's understanding of information frequently.

It is important to understand what the learner is taking in from the encounter. Just because the instructor says it doesn't mean the learner has heard it (or understands it).

Reviewing learner understanding during the encounter is a useful tool.

More Effective

Frequent checking of learner's "intake"

Ex. "We've just talked about the causes of your condition, and I'd like to know if I've been clear in explaining them. Could you tell me what you understand the causes to be?"

Ex. "How do you describe your "test results", your "diagnosis", your "prevention strategy", etc.?"

Less Effective

No checking of learner's intake

Assuming that the learner has taken in everything as offered

Overwhelming the learner with information

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Elucidation of information through visual means (diagrams, models, written instructions).

The communication of information is enhanced by making the abstract concrete. If learners have a “takeaway”, it enhances the probability of learning. The takeaway can trigger memory and stimulate learning integration.

More Effective

Using these techniques where focused and appropriate

Less Effective

Not using these techniques

Overusing these techniques, resulting in learner overload.

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Scoring Key	
Strongly agree (Skillfully done)	<ul style="list-style-type: none"> • Consistent use of More Effective behaviors • Absence of Less Effective behaviors
Agree (Adequately done)	<ul style="list-style-type: none"> • A preponderance of More Effective behaviors over Less Effective behaviors
Neutral	<ul style="list-style-type: none"> • Approximately equal use of More Effective behaviors and Less Effective behaviors
Disagree	<ul style="list-style-type: none"> • A preponderance of Less Effective behaviors over More Effective behaviors
Strongly disagree (Needs improvement)	<ul style="list-style-type: none"> • Absence of More Effective behaviors • Consistent use of Less Effective behaviors
Not Done	

Acknowledgement Bibliography

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