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 patient'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 patient.

This simple action can actually be a very powerful tool that helps to begin the development of rapport. Done well, the DH student introduces him/herself forthrightly and truthfully in a friendly manner that inspires the confidence of the patient. 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 patient. This social behavior sets the power dynamic for the relationship. If only the DH student is introduced, then the power balance becomes weighted for the DH student. 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 patient interaction.

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 patient 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 patient wants, so the DH student 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 Better examples needed	Less Effective Better examples needed
Hello, I'm Anne Littleton, and you're …?	Lack of eye contact when the patient approaches
Followed by name repetition and handshake	Appearing too busy to be bothered to provide attention
How can I help you today? Or other appropriate open-ended question	Giving the impression that the patient 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 patient. It is desirable to understand what the patient 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 patient.

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

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

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

More EffectiveNeed better examples	Less EffectiveNeed better examples
I'd like to help focus your search.	Providing a "canned" speech for every patient
What kinds of information are you interested in? (Identifies content and modality)	Not engaging in a discussion relevant to the patient's needs
Tell me a little more about what you already know. (Identifies knowledge base)	Not attempting to understand "where the patient is coming from"
What makes you interested in having this information today? (Identifies motivation)	Prescribing information based on the DH student's needs
These types of questions should be offered thoughtfully as leads, not peremptorily as demands.	Thereby, creating a missed opportunity for real communication

Structure for information is "chunks and checks."

Information needs to be able to be grasped by the patient. The DH student's task, therefore, is to monitor the acquisition of information and to provide a process that does not overwhelm the patient. One way to enhance the patient'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 DH student develops a sense of the patient'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 patient, the DH student manages the flow of information, providing for appropriate distribution and adequate understanding.

Less Effective

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

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

Providing such minimal information that the patient 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 patient expresses interest in it. This includes answering the patient's questions as they arise, not saying, "We'll get to that later." Later may work for the DH student, in terms of keeping to an organized agenda, but the patient 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 patient rather than a transaction performed with the patient

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Language is concise, easily understood and jargon-free.

More Effective	Less Effective
The use of everyday, ordinary language instead of scientific nomenclature	Using undefined 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.	

Performance Keys for Competency In Health Education Skills - BASELINE

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 patient with concept reinforcement.

Summarizing information assists in highlighting important information.

More Effective	Less Effective
Organizing the flow of information through the above techniques of signposting, repetition, and summarization.	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 patient is taking in from the encounter. Just because the DH student says it doesn't mean the patient has heard it (or understands it).

Reviewing patient understanding during the encounter is a useful tool.

More Effective	Less Effective
Frequent checking of patient's "intake"	No checking of patient'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?"	Assuming that the patient has taken in everything as offered
	Overwhelming the patient with information
Ex. "How do you describe your "test results", your "diagnosis", your "prevention strategy", etc."?	

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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 patients have a "takeaway", it enhances the probability of learning. The takeaway can trigger memory and stimulate learning integration.

More Effective	Less Effective
Using these techniques where focused and appropriate	Not using these techniques
	Overusing these techniques, resulting in patient overload.

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Scoring Key

Strongly agree (Skillfully done)	• Consistent use of More Effective behaviors • Absence of Less Effective behaviors
Agree (Adequately done)	• A preponderance of More Effective behaviors over Less Effective behaviors
Neutral	• Approximately equal use of More Effective behaviors and Less Effective behaviors
Disagree	• A preponderance of Less Effective behaviors over More Effective behaviors
Strongly disagree (Needs improvement)	• Absence of More Effective behaviors • Consistent use of Less Effective behaviors
Not Done	