GUIDE TO HEALTH EDUCATION TOOLS

Educating vulnerable people with chronic illness

DANISH DIABETES ASSOCIATION
REGION OF SOUTHERN DENMARK
STENO DIABETES CENTER

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Educating vulnerable people with chronic illness

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INTRODUCTION

This guide introduces nine health education tools for patient education targeting vulnerable patients with chronic illness. The tools are intended to support participation within this target group, in individual patient education consultations as well as in group based patient education.

The aim of patient education is to support participants' action competence and autonomy and to assist them in managing different aspects of their illness including medical treatment and lifestyle changes.

The tools presented in this guide are intended to support patient educators in enhancing participation and supporting vulnerable participants in pre-existing patient education courses.

The tools are developed using user-driven processes involving both vulnerable patients with chronic illness (the case of diabetes) and healthcare professionals.

The tools are developed on the basis of the two models 'The Balancing Person' (1,2) and 'The Health Education Juggler' (3,4) and the health education toolkit 'In balance with chronic illness' (5) also called NEED (NExt EDucation).

Like the two models the developmental work was defined and focused by five key health education principles.

- Action competence
- Participation and dialogue
- Equity in healthcare
- A broad, positive health concept
- Settings perspective

The five key principles are described in further detail in 'In Balance with Chronic Illness'(5) and in 'Health Education in Patient Education'(6).

This booklet presents a guidance for health education targeting vulnerable patients with chronic illness along with an introduction to nine health education tools developed for patient education targeting vulnerable patients with chronic illness. In addition to the tool 'My Day' which originates from previously developed material (7), there are eight newly developed tools. The guide and tools were developed using diabetes as a case, but is also applicable for patients with other chronic illnesses. This guide and the nine patient education tools can be downloaded from the three partners' websites.

BACKGROUND

Social inequality in healthcare in Denmark is well-documented. Health status, burden of illness, and life expectancy depend on socioeconomic factors, including education, income, and occupational status (8).

A Danish Health and Medicines Authority report (2011) highlights that most of the major public diseases are more prevalent among individuals with little or no education. Furthermore, increased mortality, reduced functional ability and ability to work are often more prevalent in this group (9). This suggests that certain people do not have the same opportunities as others to unfold their potential in life.

Patient education aims to increase patients' understanding of their illness and deliver practical knowledge and skills for managing life with a chronic illness. Patient education has a vital role in supporting and creating desire for change in individuals with chronic illness in order to achieve good quality of life and health despite illness.

Studies show that failure to account for individual needs with regard to support and guidance may involve the risk of increasing inequalities in healthcare and diabetes treatment (8.9). Moreover, some patients with chronic illness are particularly vulnerable and challenged and may require special attention in relation to access to patient education as well as the patient education content and methods (10). Thus, vulnerability imposes special requirements with regard to the professionals' health education competencies in order to meet specific patient education needs.

Based on this, the Danish Diabetes Association, Steno Diabetes Center and Region of Southern Denmark undertook a 2-year project: "Health education targeting vulnerable patients with chronic illness – further development and testing of health education methods and tools."

Applying user-driven innovative methods the project has developed a health education toolkit targeting vulnerable patient with chronic illness and a concept for competence development for healthcare professionals. The purpose is to assist in the prevention of social inequality in the national health services.

The project is intended to enhance knowledge and skills among healthcare professionals with regard to the use of relevant health education methods when working with vulnerable patients with chronic illness.

The Ministry for Health and Prevention contributed DKK 1.4 million from the Satspulje funds (funds set aside for special initiatives within the social, health, and labour market sectors). The aim of this fund is to create more equality in the national health services.

VULNERABLE PATIENTS WITH CHRONIC ILLNESS

A. Inequality in patient education
B. Social marginalization
C. Vulnerability
D. Vulnerable patients
E. Identifying vulnerability
F. Preconditions and behaviour that characterise vulnerable patients
G. Challenges for the educator

The aim of this section is to present the complexity of the concept 'vulnerability' and describe how the concept was defined in this project.

Furthermore, the concept of inequality in patient education is specified and a description of the challenges and tasks faced by the 'Health Education Juggler' in relation to vulnerable patients with chronic illness is provided.

A. Inequality in patient education

Socio-economic disparities exist in healthcare and health behaviours. For example, unhealthy eating habits, smoking, sedentary leisure activities, being overweight and experiencing more stress is strongly associated with having little or no education. Statistically speaking, social position and level of education are associated with health condition, burden of disease, average lifespan and association with the labour market (8).

Studies suggest that some patients with chronic illness are not offered patient education, do not benefit from patient education, or choose not to participate. Some of these patients demonstrate vulnerability in various ways both on a personal level, in relation to their health status, and in relation to their socio-economic status (11).

B. Social marginalization

'Vulnerability' is often associated with social marginalization. However, individuals may experience a sense of vulnerability or be vulnerable irrespective of being socially marginalized or socially excluded.

The Danish Council for Vulnerability (2009) defines marginalization as follows: 'Social marginalization is not a concept which can be operationalised as such, nor a concept that is clearly limited or easily defined. It is more of a fluid concept including individuals at special risk of being stigmatised, discriminated, excluded, or experience personal collapse. The concept of social marginalization therefore encompasses several degrees of marginalization. It includes people at risk of becoming marginalized, people who are marginalized, and people who are socially excluded. Accordingly, it can be claimed that marginalization amounts to the stage prior to exclusion. Although marginalized, some people have a greater chance of turning around the exclusion process compared to when already excluded. Thus, it is important to bear in mind, who the marginalized citizens are, why they are marginalized, and how exclusion can be prevented' (12).

C. Vulnerability

According to the thesaurus of synonyms, 'vulnerability' means more or less the same as sensitivity. Other synonyms for vulnerability are: susceptible, touchy, delicate, impressionable, or thin-skinned.

The concept of vulnerability is used in various ways. For example, one special care centre developed ethical guidelines for the relations between residents and staff (13). They describe vulnerability as physiological and psychological issues both requiring protection. Everyone possesses both kinds of vulnerability. Thus, everyone needs protection to a greater or lesser extent with respect to their vulnerability (13).

In the healthcare system, 'vulnerability' is defined in various ways depending on the context. In a development project on courses for chronic illness treatment, vulnerability is defined as: 'Patients with Type

2 diabetes or chronic obstructive pulmonary disease (COPD) who are unregulated or not receiving optimal medical treatment' (10). Vulnerability is defined on the basis of diagnosis and the lack of therapeutic effect. A survey among general practitioners demonstrated broad consensus that the concept of vulnerability is multidimensional and includes both health and social factors. The doctors pointed out that patients can feel vulnerable as a result of a diagnosis or as a result of living with an illness for a long time. The views of the general practitioners indicate that vulnerability is expressed when illness interacts with social problems. The concept of vulnerability was associated with factors such as need for government subsidies, weak financial resources, fragile networks, difficulties with respect to employment, language and communication difficulties, limited education, and limited cognitive resources. General practitioners recognised that vulnerability in individual patients was expressed through serious health problems coupled with limited understanding of suitable and appropriate health enhancing behaviour as well as inadequate self-care (14).

D. Vulnerable patients

The Danish Health and Medicines Authority defines vulnerability as follows:

- 'Patients with chronic illness who, due to serious illness, multiple simultaneous treatment

FIGURE 1: Vulnerability – a multifaceted challenge in patient education

requiring illnesses, disability, etc., and possible weak personal network, are heavily depending on health care and/or social services.
- Patients who, due to weak personal resources, poor/inaccurate understanding of their situation, and social or cultural difficulties are unable to perform appropriate self-care and behaviour (15).

A Danish Health and Medicines Authority report (2011) also shows that most of the major public diseases are more prevalent among individuals with little or no education. From the patients' point of view, vulnerability is a highly complex issue that covers several simultaneous circumstances. Figure 1 summarises this project's view on the vulnerable patients with chronic illness. Having little or no education is a common characteristic for the target group of the project. The addition of one or more conditions (indicated by the smaller circles in Figure 1) will cause 'vulnerability' to a greater or lesser extent.

E. Identifying vulnerability

Figure 1 shows that vulnerability in patients may relate to a number of conditions and may be expressed in a number of ways. Developing health education tools for vulnerable patients requires knowledge of the specific challenges experienced by the vulnerable patients and their prerequisite for participating in patient education.

In this project, data for identifying the challenges and the prerequisites of vulnerable patients was acquired through workshops and interviews with patients, healthcare professionals and educators (16).

The preliminary data collection focused on identifying the specific challenges and needs of vulnerable patients and educators. Their challenges and needs were identified by characterising their preconditions and behaviour in relation to patient education. The initial phase formed the basis for an idea generation workshop and the development of certain design principles guiding the development of the health education tools and this guide.

A pilot test of prototypes of the education tools was completed. Subsequently, the education tools were tested by 80 health professional educators in Region of Southern Denmark. The feasibility of the health education tools was assessed through observations and interviews with patients and educators. The review process allowed modifications which resulted in an updated version of the tools and this guide.

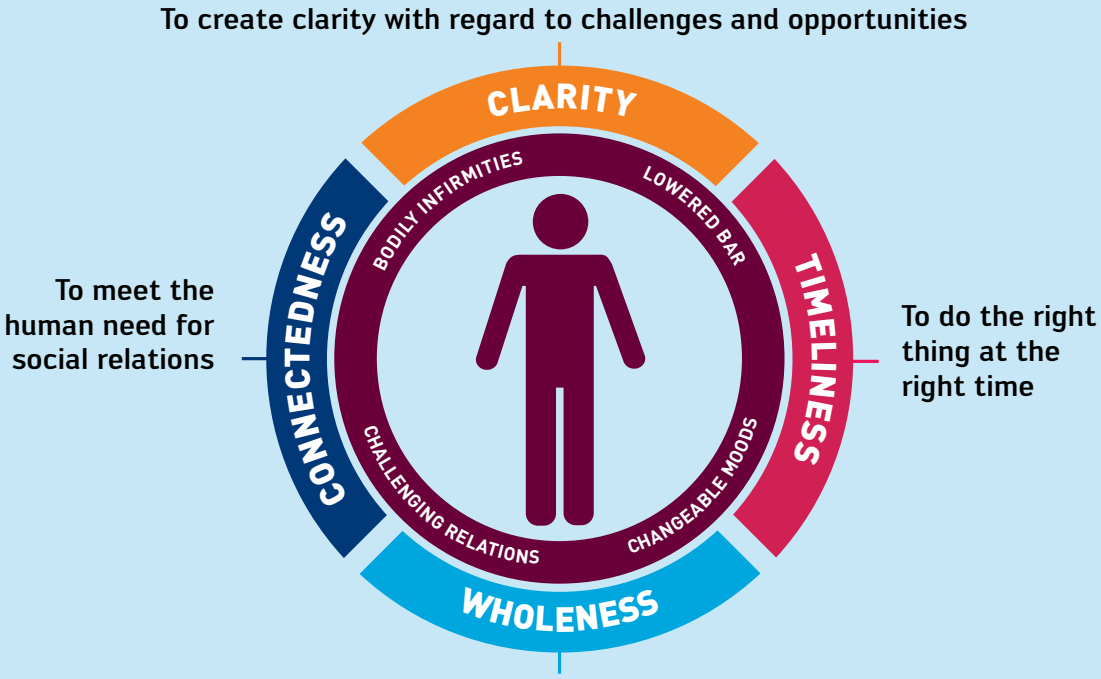
F. Preconditions and behaviour that characterise vulnerable patients

The data collection and analysis was based on the model The Balancing Person model (Figure 2). The model describes the challenges and changes that patients with chronic illness generally experience in their lives and daily routines (1.2).

As shown in Figure 2 these challenges and changes can be arranged into the categories 'bodily infirmities', 'lowered bar', 'changeable moods' and 'challenging relationships'. The model also illustrates the patient needs that must be met in patient education in order to approach the challenges. These needs are summarised in the following categories; clarity, timeliness, wholeness and connectedness.

The model also formed the basis for a previously developed health educational toolkit 'In balance with chronic illness' (5). This toolkit was developed to support the work related to the challenges and needs described in the model. Analysis of the data in the present project has allowed for an 'extension' of the model as it became clear that vulnerable patients also experienced limiting preconditions and behaviour forms that are difficult to address in

FIGURE 2: The balancing person



patient education. The limiting preconditions are likely to be a result of upbringing and living conditions (illustrated in figure 1) rather than a result of life with a chronic illness.

These preconditions compose an important factor in relation to the vulnerable patient's behavioural patterns, self-care and what individual consideration that must be shown in patient education. The model 'The vulnerable Patient' is an enhancement of 'The Balancing Person' – cf. Fig. 3: The Vulnerable Patient.

FIGURE 3: The Vulnerable Patient

The limiting preconditions and behaviour among participants that may be challenging to address for educators are described in Figure 4.

FIGURE 4: Limiting preconditions and 'challenging behaviour'

Limiting preconditions	Behavioural tendencies that can be 'challenging' to patient education
• Seeing limitations rather than opportunities	• Resistance to change
• Not wishing to participate (during educational session)	• Lacking drive or mental resources
• Lacking acknowledgement regarding illness	• Postponing duties
• Lack of daily structure or excessive structuring	• Fluctuating engagement
• Unsystematic thinking pattern	• Unrealistic ideas and goals
• An either/or mind-set	• Limited ability to manage agreements
• Reading and writing difficulties	• Difficulty maintaining focus and concentration
• Difficulty verbalising needs/experiences	• Difficulty understanding instructions
• Lower levels of abstract thinking	• Affected by sensory perceptions
• Lower levels of reflection	• Limited or no use of computer
• Learning disabilities	• Reluctant/quiet/shy
• Memory problems	• Refraining from requesting help
• Overly sensitive	• Passiveness
• Low self-confidence and self-esteem	• Hyperactive
• Dependency on others	• Very talkative
• High degree of self-centeredness	• Inability to respect limits
	• Easily distracted
	• Not attentive
	• May appear selfish

Figure 4 shows that vulnerability is associated with diverse behaviours. These behaviours may be the direct opposites of each other. For example, some participants may be very quiet and reserved while others may be highly dominating. Managing and balancing these different traits of 'vulnerability' may present major challenges to patient educators.

G. Challenges for the educator

According to the model 'The Health Educational Juggler' (Figure 5) a patient educator must be able to juggle four fundamentally different roles (2):

- Embracer
- Facilitator
- Initiator
- Translator

The model describes the tasks, challenges and needs for specific skills that the four different roles in patient education typically include. This project identified various challenges which educators face when meeting vulnerable patients. These challenges are outlined in Figure 6 which also summarises the most significant tasks related to the various roles of the juggler and recommendation for skills development. The challenges particularly associated with educating vulnerable patients have supported the specification of the design principles on which the newly developed education tools are based.

FIGURE 5: The Health Educational Juggler

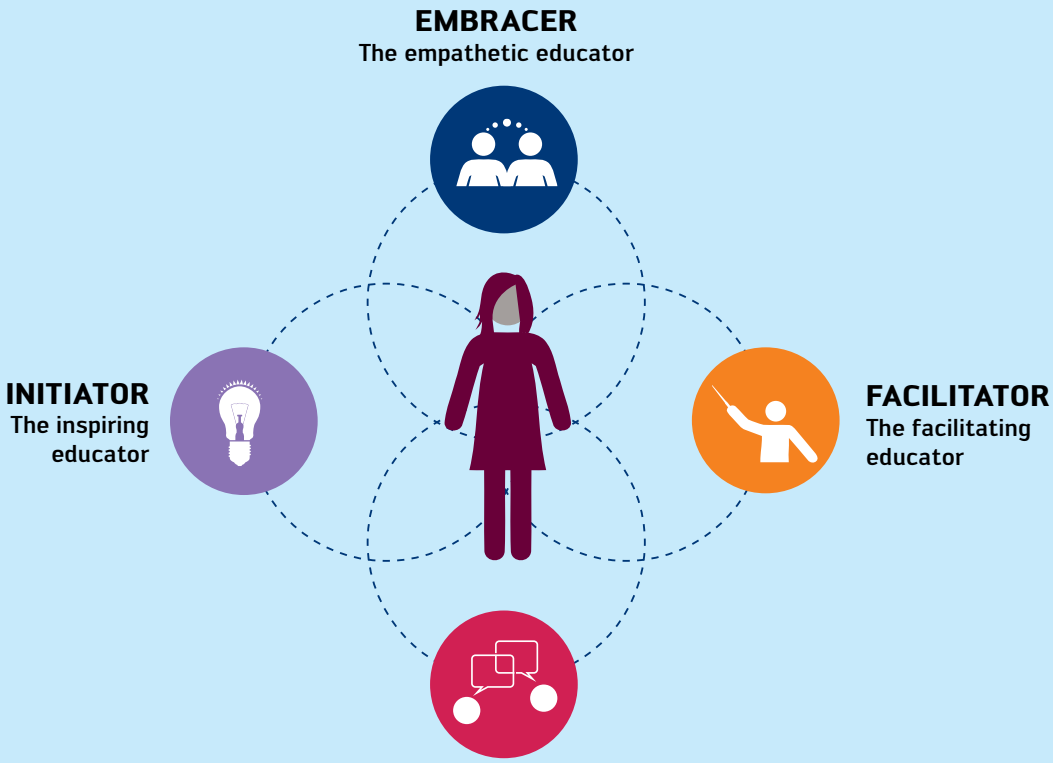


FIGURE 6: Tasks and challenges in relation to vulnerable participants and objectives for the patient educator

	MOST IMPORTANT TASKS	PARTICULAR CHALLENGES IN RELATION TO VULNERABLE PARTICIPANTS	RECOMMENDATION FOR COMPETENCE DEVELOPMENT
Embracer	• Achieve group cohesiveness and create an environment that inspires trust • Be intuitive, open, flexible and show consideration • Infuse trust, credibility and safe environment	• Risk of burn-out • Misinterpreted consideration • Tendency to take on the 'fixer' role • Different set of values • Lack of courage • To dare tackle mental-health problems and difficult topics	• Increase awareness of own role • Learn about group dynamics and interaction • Control the desire to be all-embracing in your education
Facilitator	• Help participants understand their own opportunities and limitations • Listen, ask questions and promote dialogue • Take control when necessary and guide the process and maintain an overview	• Ensuring everyone is on board • Dealing with reactions e.g. crying • Recognizing one's own position of authority • Balance between theory and practice in teaching • Too much focus on content rather than teaching method • Balance between control / no control • Conflict avoidance • Need for control • Take challenges personally	• Learn facilitation techniques • Learn to openly initiate difficult topics • Learn to manage the process and maintain an overview of goals and time
Translator	• Communicate knowledge in a relevant and comprehensible way • Respond to participants' spontaneous questions • Cover participants' need for relevant, usable information	• Knowing and identifying what individual partici-pants need to know • Talking 'over the heads' of people • Need to appear all-knowing	• Find out how little knowledge is sufficient? • Provide biomedical knowledge based on participants' needs • Establish a link between participants' challenges to professional and practical knowledge
Initiators	• Inspire and motivate action and change • Initiate reflective proces-ses among participants • Assist participants in finding solutions for themselves	• Ambitions on behalf of participants • Over ambitious on your own behalf • Daring to let go of the belief that you know what is best for participants	• Learn about motivation and change processes • Work specifically on goal-setting • Learn to involve participants in finding solutions

HEALTH EDUCATION APPROACH

A. Design principles for development of the new tools
B. Recommendations for structural initiatives
C. Recommendations for the patient education framework
D. Recommendations for using the tools

This section describes the design principles for the newly developed tools and general recommendations for structural initiatives and the framework for patient education targeting vulnerable patients.

The project's findings guided the development of the design principles for the newly developed tools, the general recommendations for structural initiatives and the use of the tools, as well as the framework for patient education.

A. Design principles for development of the new tools

The design principles (specification requirements) which formed the basis for the tools are described below. The design principles specified that health education tools should be flexible, simple, appreciative, specific, and focus on the target group. Further details regarding the design principles:

FLEXIBLE – tools should be applicable for:
- 1:1 and /or group sessions
- Different situations
- Association with different themes
- Situations of varying difficulty

SIMPLE – tools should:
- Be simple to explain and easy to understand
- Have clear objectives
- Be specific (not abstract)
- Reader friendly

APPRECIATIVE – tools should:
- Be supportive and affirmative
- Be reliable and trustworthy
- Be humorous and create hope
- Focus on success and be motivating

SPECIFIC – tools should:
- Ensure different learning styles are taken into account
- Provide visual, tactile, kinaesthetic and auditory stimulation
- Be 'daily routine' oriented

FOCUS ON THE TARGET GROUP – tools should appeal to:
- Both older and younger participants
- Similarities and differences

Additionally, the following themes compose focal points for the tools:
- To set the scene clearly (safe environment for participation)
- Provide support in obtaining physical and mental well-being
- Clarification of and support in improving relations
- Generate knowledge
- Motivate, support and assist in developing personal competency towards action

In addition to the design principles and themes described above, the purpose, form and content of the tools were inspired by the exercises, themes and theoretical basis of the NEED toolkit. However, an extra emphasis has been on creating an appreciative starting point, support of group dynamics, and a more concrete and tangible way of working e.g. on relationships and goals.

B. Recommendations for structural initiatives

Creating equity in prevention and treatment is affected by the patient education's structural framework. This section provides recommendations for how a structural framework can support the use of health education tools for vulnerable patients.

SMALL GROUPS

It can be helpful to establish small and more flexibly organised groups for vulnerable patients including frequent meetings with sufficient time for dialogue and participation. This allows for a thorough introduction of the tools and provides an opportunity for all participants to take part in discussions which again provides the opportunity for reflection.

EXPERIENCED EDUCATORS

It is considered valuable if patient education courses are run by experienced educators. The educator's ability to create dialogue and active participation is crucial for the target group's chances of profiting from the education. It is a task that requires overview of the whole group and its dynamics, as well as experience in 'juggling' with various options for managing and dealing with difficult and challenging situations in a group of patients.

COMMUNICATING SPECIAL OFFERS

It is important to communicate educational offers to vulnerable patients to relevant stakeholders across the health and social care sectors. It is worth bringing to their attention that tailored teaching offers are being developed to meet the needs of vulnerable patients.

CONTINUOUS SUPPORT FOR PARTICIPATION MAINTENANCE

The target group may need long-term, comprehensive support for continuous participation, for example by assisting them in signing up for courses and phone-calling them to encourage them to attend the course rather than cancel.

SUPPORT FOR SOCIAL NETWORKS AND OTHER OFFERS

Towards the end of the course, patient educators can help patients establish social networks where they can continue their personal development in dealing with the challenges associated with a chronic illness in their daily life. This could be through social networks in local communities' sports activities, cookery courses, societies, etc., or through pre-existing activities in the health services.

CROSS-SECTOR COLLABORATION

Collaboration is essential for patients with special needs and challenges that involve cross-sectorial communication. In this context, it is a good idea for the patient educator to report patients' attendance in patient education to other parts of the healthcare and social services where the patient is also being treated or is in contact.

C. Recommendations for the patient education framework

Vulnerable patients in patient education may have a specific need for security. A sense of security is established through several means e.g. ensuring a 'comforting' environmental structure, tailoring education so it is in line with the patient needs, an overall 'secure'/comfortable atmosphere, refreshments, and dialogue with participants.

PHYSICAL FRAMEWORK

It is important that participants feel welcome and that the environmental structure and atmosphere provide a sense of security. This can be obtained through rearranging environmental structure which encourages dialogue e.g. face to face. In order to optimise education deliverance, flipchart notes, and other necessary materials may be prepared prior to the education start time. Providing refreshments during the sessions can help promote and pleasant atmosphere, e.g. coffee, tea, soft drinks can make a difference (17).

PREPARATIONS FOR TEACHING

If possible, the educator can obtain information about the participants prior to the education start. This may allow for a better organisation of the education in line with specific participant needs. If possible, participants should complete the "My Day" tool before attending the first session. Alternatively, the educator can read any GP/hospital notes about the participants who have signed up for the patient education course.

Apart from this, it is important to recognise the differences that exist in the group. E.g. how much time the different participants need for a thorough introduction, for completing an exercise, and for the educator to answer questions along the way (17).

It is also important that the educator is prepared for addressing participants who may get upset and experience reactions such as sadness, low mood etc. while working with the tools. For example, the tool 'My Immediate World' can help identify a need for support from a personal network in day-to-day life but at the same time, it can reveal that some participants have a small network or perhaps no network at all. Bringing this to their attention can have an emotional effect on the participants. In order to address this, the patient educator needs to set aside time for support and advice. The educator should be able to acknowledge and cope with this since it is an opportunity to form new networks.

The tools support change, and focus on difficult topics, which the educator should handle with affirmation and acceptance.

LEARNING PARTNERS AND SHARING EXPERIENCE-BASED KNOWLEGE

Experience-based knowledge has been shown to be an important kind of knowledge, particularly for strengthening self-care where the aim is to create change in patients' lives (18). It is recommended that the educator allows the opportunity and sufficient time for participants to engage in dialogue and exchange experiences. An effective method to allow for this may be to ensure regular breaks and opportunities for participants to speak together in pairs. Conversation in pairs can take place as walk and talk or at a table.

If it is considered that the participants have sufficient resources, the patient educator can encourage working in pairs acting as each other's learning partners. Learning partners may consist of mini groups/pairs who can share ideas and learning throughout the patient education or merely on an ad hoc basis from session to session. Learning partners can exchange experiences according to their personal wishes or as part of an exercise building on specific topics selected by the educator. The exchange of experiences between learning partners can take place during education sessions, between education sessions, by phone-calls, text messages, or at meetings "outside the classroom". Thus, it is very flexible. The concept of learning partners is to create and support the creation of networks among participants, who may continue to share their experiences and knowledge after completing the patient education course.

D. Recommendations for using the tools

Introducing the education tools to the participants

Educators usually study the education tools they plan to use in their education and plan how they intent to apply the tools. After providing participants with a brief background to the tool and an introduction of what it entails, it may be worth merely exploring the tool and see how it unfolds. It is important to be aware that participants typically have very different learning needs which may naturally require different teaching formats. In a group of participants with mixed learning needs, there will be participants who are eager and impatient to start and may be

confident in starting the activities although being unaware of the specific tasks, whereas others may feel uncertain, confused, resist and/or lack engagement. In order to maintain an overview and avoid disintegration of the group it is important that the education tools and educational process are briefly introduced to participants, with a short and clear description of its objectives. At this stage, presenting in-depth details is not recommended, but to provide an overview and emphasize that further explanations and instructions will be provided during the session.

The use of visual aids e.g. poster or power point presentation in the introduction is recommended. The introduction should provide participants with an opportunity to briefly reflect and ask questions about the education tools before starting. It is recommended that the educator avoids naming the tool at the initial stage and waits with introducing its title towards the end, as participants may not understand it at this early stage. However, it is a good idea to mention the name of the tool at the end of the introduction to ensure a common terminology.

Find the balance

In a teaching process there should be a good balance between:

- Activities specifically intended to create confidence and a sense of group cohesion
- Activities focusing on knowledge of health and disease related topics
- Activities relating to goal setting and action plans
- Activities relating to practical topics such as physical training, cookery and shopping

This balance should not be confused with the teaching format which, in every respect, should aim to involve participants and support interactivity.

It is recommended that the patient educator creates a secure environment, not only when initiating a new group but during the whole process. There should be room for activities primarily aimed at creating a sense of security, positivity and good dynamics in the group (e.g. as outlined in the "Our Rules" exercise). However, these activities should not take too long, as participants often expect to gain support and obtain information related to the illness when beginning a course. Allow for flexibility according to the specific group. It is possible to create activities that combine health related knowledge while promoting group processes (e.g. the Fact or Fiction tool).

Reflection

Promoting and creating room for reflection for participants is an important element in an educational process. There must be time and space to digest and possibly verbalise information and experiences. Reflections can take place individually, in pairs, in smaller groups, or as mutual reflections in the whole group. Reflection can be initiated at different times and in different phases of the course, and can take place while sitting, walking or doing other activities. Reflections can take place in relation to a specific education topic discussed during the education or as part of the concluding remarks of an exercise. The process as well as the learning outcome can be the subject of reflection. Reflection makes it possible to relate a topic and its contents to one's own situation and perspectives and the process support the adoption and attainment of new knowledge, new insights, and acknowledgements and provide motivation for new opportunities for action. Reflecting on the actual process (e.g. as in 'Where Am I' tool) can be done by looking into the advantages and disadvantages of working in a specific manner. It can create space for individuals who feel unhappy about a certain way of teaching and provide an opportunity for other participants to share their insights.

Reflecting on processes can support discussions and recognition of various ways of learning. It can help participants to discover their learning preferences and build respect and understanding for each other's differences.

NB. Participants may find it very abstract being asked to reflect on an experience from an educational situation. The way in which the educator expresses the task is therefore important. Participants could for example be asked to reflect on a situation by providing this instruction: Try to think about the acttivity you have just completed. How did it make you feel?

Flexible tools

All tools are intended to be applied in a flexible manner and can be tailored to suit individual patients, specific groups, individual educators, and any given teaching situation. The step-by-step descriptions are merely guidelines on how the tools can be used. Some educators have experienced that it is worth familiarising themselves with the tools by following the proposed 'step-by-step' processes and afterwards use the tools more freely. Others may feel restricted in their approach when applying the step-by-step descriptions and prefer to use the tool differently, whereas others again may feel inspired by parts of the step-by-step descriptions. It is recommended that educators find out what suits them the best. E.g. using some of the steps from the step-by-step descriptions, finding their own ways to end an exercise, varying the number of questions and cards in an exercise along the way, introducing new questions and cards for a given exercise, such as in 'Fact or Fiction' or 'We're on the way', or possibly combining exercises such as 'My Immediate World' with 'My Contact with Healthcare Professionals' or introduce another situation such as a walk)

The previously developed health education toolkit ('In Balance with Chronic Illness') (5) can be referred to and different exercises can be extracted and incorporated depending on the specific purpose and situation. In all cases, the needs of the participants must be taken into consideration. Educators need to be aware of participants' individual resources, for example in the educators use of language and speech, in order to make things as specific as possible to allow for maximum participation by everyone.

GUIDE TO THE HEALTH EDUCATION TOOLS

A. List of tools

B. STEP-BY-STEP descriptions

The newly developed health education tools are listed below:

A. Overview of tools

Theme	Name	Purpose	Who
1. Relations, wellbeing, knowledge	My Day	For participants to feel acknowledged and to allow the educator to get valuable insights about the participants	1:1
2. Setting the scene	Check-in	For participants to settle in/get grounded on the course in a pleasant way	Group 1:1
3. To set the scene, relations, wellbeing	Our Rules	To set common ground rules for teaching and social interaction	Group
4. Relations, goals and plans, knowledge	My Immediate World	To create an overview of help and support provided by family and friends	Group 1:1
5. Relations, goals and plan, knowledge	My Contact with Healthcare Professionals	To get an overview of support and advice provided by healthcare professionals	Group 1:1
6. Knowledge, relations	Fact or Fiction	To discuss knowledge via true and false statements	Group 1:1
7. Wellbeing, knowledge, goals and plan	Where Am I?	To see where you are and where you would like to be compared to the current situation	Group 1:1
8. Wellbeing, knowledge, goals and plan	We're on the Way	To use a game to focus on own goals, strengths and successes	Group
9. Concluding thoughts	Check-out	Round-off and reflection	Group 1:1

B. STEP-BY-STEP descriptions

Below is a description outlining the purpose and concept for each tool, alongside step-by-step descriptions explaining how the tools can be applied (in exercises).
For selected tools both short and detailed step–by-step guidelines are available.

Tool 1

MY DAY

- To gain insight into participants' daily routines

Purpose

The purpose of the 'My Day' tool is to initiate a good contact with participants, while simultaneously gaining valuable information regarding the participants' personal focus and perspective. Participants share details about their daily lives starting with describing an ordinary day.

The concept/idea

The tool is used to gain relevant knowledge about participants' daily routines which then form the basis for the advice and treatment strategy in the remaining educational process. Participants can be asked to reflect on an area which holds a lot of importance for them. The tool can also be used in relation to a given education theme (e.g. physical activity, diet, social interaction, medicine). The dialogue strengthens the educators' understanding of the participants needs and allows them to support, individually tailor, and accordingly adapt the forthcoming process. The tool does not necessarily have to be used in the initial phase, but can also be used during the course when appropriate.

Time: Approx. 10 mins

Use the 'My Day' sheet (with a picture of the day) to take notes on. Good table space, pencil/ballpoint pen

1:1 participant /educator

Typically used during an introductory conversation e.g. prior to the start of the course or as an individual conversation during the course.

Preparation needed: Copy the 'My Day' sheet.

My day

STEP-BY-STEP

1. Introduce the purpose of the tool - to gain insight into the daily life of a participant.

2. Ask the participant:
   "Please tell me about a typical day so I can learn a bit about you and your life."
   "Think of a recent day, such as yesterday, and tell me what happened on the day."

3. The educator takes notes along the way on the 'My Day' sheet.

4. Keep an eye on the time. Ask exploratory questions if the participant proceeds too quickly and ask specific questions if they include too many details or other anecdotes. Ask: *"And what happened then?"* or *"What did you do afterwards?"*

5. Sum up when considered appropriate. E.g., in order to ensure that the participant and you have the same understanding of the presented.

6. Finally, remember to ask how typical the day they have described is. Ask for example: *"Are your days very different from this or are most days similar to this day?"*

7. During the exercise, it is important that educators are inquisitive, listen attentively without interrupting with their own thoughts and ideas. Simple, open questions are recommended, such as *"What happened then?"*, *"What did you feel?"*, *"What did that mean for you?"*
   The aim is for participants to have an opportunity to talk about situations that are relevant for them.

8. Along the way, reflect on whether you are achieving what you would like to achieve. Are you getting a true picture of the participant's daily life?

9. Conclude the exercise by summing up the description of the day and thank the participant for telling about her/his day.

10. Give the participant the 'My Day' sheet to keep and take a copy for yourself.

Tool 2

CHECK-IN

- Grounding exercise for conscious awareness

Purpose

The purpose of the tool is to invite participants to become grounded, aware and mindful of being in the present.

The concept/idea

The tool should assist in allowing the participant to experience a sense of involvement, attentiveness and awareness of the present moment. Maintaining a focus on the breathing, and actively thinking about the body's contact with the floor, seat, and back rest of the chair gives an awareness of body weight allowing for increased sense of physical awareness, and allows for awareness of what is going on in the mind and body.

The purpose of this tool is for the participants to get an opportunity to put aside the thoughts and concerns that may take up a lot of their consciousness and allow for them to 'just be' in the present moment. The tool presents an 'awareness' exercise inspired by mindfulness and should not be confused with meditation.

Time: Approx. 4 - 5 mins

STEP-BY-STEP

Group or 1:1 participant/educator

Can be used at the beginning of every session /course day

Check-in

STEP-BY-STEP

1. The educator introduces the tool to the participants by saying: *"This tool invites you to grounded conscious awareness so that you can get ready for what we are about to do - and be here in the present moment."*

2. *"The exercise takes 4-5 mins.."*

3. **Introduction: The educator says:**
   "Sit comfortably in your chair with your feet on the floor so you feel as relaxed as possible. You can do the exercise with your eyes open or closed. If you prefer to have your eyes open, then relax by focusing on a point in front of you for example on the floor or whatever feels best for you."

4. **Relaxation: The educator says:**
   "Start by feeling your feet on the floor and make small movements to feel the floor under your feet." Allow participants to do this for approximately 20 secs.

   "Now every time you breathe out, let your feet sink a little further down into the surface and see how it supports you."
   Allow participants to sit for about 30 secs.

   "Now bring attention to the back of your thighs and buttocks resting on the chair. Allow yourself to make small movements."
   Allow participants to do so for about 20 secs.

   "With every exhalation, you sink deeper into the seat and bring attention to how the seat supports you." Allow participants to sit for about 30 secs.

   "Now feel your back against the back of the chair. Allow small movements." Allow participants to do so for about 20 secs.

   "Now every time you breathe out, lean against the back of the chair and feel how it supports you". Allow participants to sit for about 30 secs.

   "Now bring attention to your breathing and be aware of inhaling and exhaling. Follow the natural rhythm of your breathing and do not try to change or regulate it in any way. Observe, acknowledge and then register any feelings and thoughts that appear in the process and then turn your attention back to breathing." Allow participants sit for 1-2 mins.

5. **Conclusion: The educator speaks slowly, saying:**
   "Now go back to your own tempo."

   "Move your toes a little, and then the feet."

   "Move your fingers, and then the arms."

   "Straighten your back and drop the shoulders."

   "Open your eyes (for those who closed their eyes)."

   "Take a deep breath in and breathe out through the mouth."

   "And again, take a deep breath in and breathe out through the mouth."

   "And for the last time: Breathe in and breath out."

Tool 3

OUR RULES

- To have common rules for being together on the course

Purpose

- To create the framework for being on the course.
- To create security, trust and respect among participants.
- To promote participants' ownership of the educational process/course by allowing influence on the learning environment.
- To enhance shared responsibility among participants for complying with the rules and ensuring updates along the way.

Concept/idea

The exercise is based on brainstorming as a method for gathering a large number of ideas and suggestions for further discussion. While brainstorming, everyone can suggest ideas and proposals for effective teaching and social interaction. Brainstorming is typically based on what you would like to have/achieve or what you do not want (inverse brainstorming). By allowing both types of ideas during brainstorming, you satisfy both ways of expression and thinking. This exercise also allows for sharing both good and bad experiences from previous teaching situations.

During the brainstorm no assessment is undertaken, rather it is an opportunity to welcome all ideas whether or not they are relevant or realistic. After brainstorming, the group should reformulate their ideas and suggestions into positively expressed rules that should ideally be displayed in the education room and updated during the course. This is an invitation to have regular talks about teaching in a format that makes it possible for the educator to adjust teaching to the participant's wishes and needs. The fundamental idea is to provide the space, time and flexibility to talk openly about expectations and values with respect to teaching and social interaction right from the beginning of the course.

For some participants, security and cohesiveness are preconditions for playing an active part in learning and this exercise can help participants get the opportunity to express things that are important for them whilst also getting to know each other a little.

Time needed: Approx. 10-15 mins

Boards/flipovers. An A4 sheet with the rules for brainstorming

Group or 1:1 patient/educator

The exercise can be used during the first session or in the beginning of individual consultations.

Our rules

STEP-BY-STEP – Short version

1. Introduce the purpose of the tool and review the process briefly.
2. Ask whether everybody has understood what the procedure involves.
3. Start brainstorming and note ideas and suggestions on a board/flipchart.
4. When the group has no more ideas (allow approximately 10 mins.), stop brainstorming.
5. If you get too many suggestions, prioritize them and select a suitable number (such as 5-7). Similar ideas could possibly be grouped.
6. Reformulate the ideas/suggestions into positive rules and write them on the flipchart.
7. Conclude the exercise by reading the rules aloud.
8. Hang the flipchart with the rules in the room and consider updating them during the course.

Before the exercise, the educator should write one question on each of the boards/flipcharts.

What would we like in the teaching session?

What can spoil a teaching session?

Our rules

STEP-BY-STEP – Detailed version

Before the exercise, the educator should have written one questions on each of the boards/flipcharts.

- **What would we like in the teaching session?**
- **What can spoil a teaching session?**

1. **The educator introduces the purpose of the exercise and says for instance:**
   "We are now going to match expectations and talk about how we can make the course as good as possible."

- *"What is a good course to you?"*
- *"How can we achieve that?"*
- *"How can we avoid what we don't want?"*

"Together we need to figure out our own rules for this course."

"All participants have their say on how the teaching should be organised."

"We need to agree on this so that everyone feels responsible for the rules and wants to comply with the rules."

"We can change the rules during the course if the group agrees and new rules can be added along the way as required."

2. **The educator explains that the exercise is a brainstorming session with contributions from everyone and briefly explains the rules for brainstorming.**

The educator says:

- *"It is all right to say what you want and what you do not want to happen."*
- *"I will write down the ideas you suggest here."*

The educator points to the two questions on the boards/flipcharts

3. **The educator provides examples of circumstances that can ruin a teaching session and says for example:**
   "Learning can be spoiled if you are often interrupted when speaking."

4. The educator makes sure that everybody has understood the procedure and process.

5. The participants then (spontaneously) suggest ideas.
   - The educator starts writing on the boards/flipcharts and guides participants to elaborate on an idea if it is unclear.
   - The educator helps the group if it faces any challenges or is having difficulty progressing.
   - If the participants find it difficult to progress, the educator suggests that participants work in pairs, and allows 2-4 mins. for discussion.

6. When the group has no more ideas (allow approximately 10 mins), move on from brainstorming.
   - The group together chooses a suitable number of ideas (5-7) that they feel are most important. It may be a good idea to group some ideas.
   - The selected ideas are highlighted by the educator.

7. The educator concludes the exercise by reading the decided rules aloud.
   The list of rules can be displayed in the education room and be updated along the way during the course if required.

RULES FOR BRAINSTORMING

(Consider writing the rules for brainstorming on a board/flipchart) Everyone takes turns and suggest ideas. The ideas are written on the boards/flipcharts. "FIRE AWAY – don't think too much about it."

- No ideas are wrong
- Criticising ideas is forbidden
- Do not interrupt each other
- Feel free to suggest crazy and far-out ideas
- Continue to build on an idea
- Important to have many ideas

  (e.g. minimum 15 ideas)

Tool 4

MY IMMEDIATE WORLD

- To create an overview of the help and support of family and friends

Purpose

- To provide insights into the importance of social networks when living with a chronic illness.
- To create an overview of how participants view the support they get every day from their social network (family, friends and colleagues).
- To talk about how relationships can possibly be improved and talk about what role the participants play in making this happen.
- To achieve ideas about how participants can inform their social network about what they need and what kind of help they wish for - or do not wish for.

Concept/idea

Social networks are vital for how people experience life with chronic illness and for how well they cope with the chronic illness. Many people find it difficult to ask for help. On the other hand, close relatives often provide 'misplaced' help which does not provide the support actually required. Support can be too overwhelming and make people feel overprotected. This tool gives word to the problem by reviewing positive and negative experiences about support and by asking whether participants get and/or reject support and discussing the opportunities for improving their social networks.

Time: Approx. 30 mins.

Material for 10 participants (five pairs): Five circles with 'ME' in the middle, five sets of table cards with icons of personal relations and some blank cards. Consider making more of your own cards. If you are using pairs, hand out the "Step-by-Step Description 2".

1:1 participant/educator or group sessions (max. 10 participants) split into five pairs.

Use during the course when considered suitable. Followed by this, it is recommended to apply tools about goal-setting, such as. 'Where Am I', or 'We're on the Way'.

Icons with healthcare professionals from Exercise 5, 'My Contact with Healthcare Professionals" could possibly be included in this exercise.

My immediate world

STEP-BY-STEP – Short version

1. Introduce the purpose of the tool.

2. Lay the circle on the table and place "relation cards" besides the circle. Blank cards are available for participants to fill in.

3. Introduce the procedure.
   - Relation cards with personal day-to-day relationships.
   - Green and red areas on the circle (meaning of relationships).

4. Ask participants to name individuals from their personal networks who are important to them/ play a role in their lives.

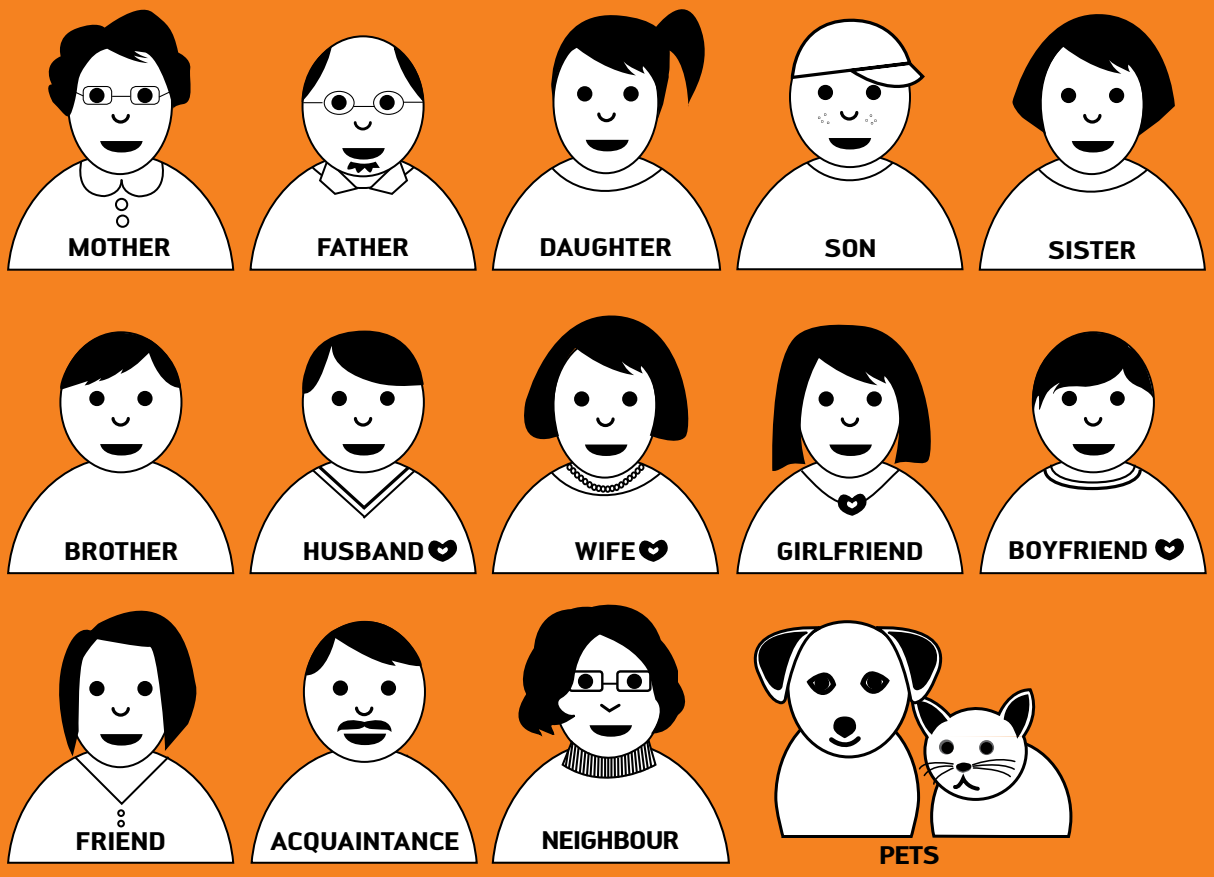
5. For each person mentioned find the respective card and place it in the circle so the location of the card reflects how the participant feels about the relationship

6. The exercise continues until all relevant relationships have been identified and positioned

7. Then ask how participants can improve each relationship so it is in line with their wishes.

8. Conclude the exercise by asking how they felt about reviewing their networks in this way.

CLOSE RELATIVES



My immediate world

STEP-BY-STEP 1 – Detailed version

It is essential that the educator decides on the purpose of applying the tool prior to introducing it to the participants. It is equally important that the objectives are clearly explained and that participants are provided the opportunity to ask any questions that they may be unclear about.

1. The educator introduces the purpose of the tool. The educator could say:
   - *"The purpose of this exercise is to talk about the importance of the people in your network, and the role they play in your life and how your contact could be improved, if that is what you want."*

2. The circle is placed on the table and all the relation cards are placed outside the circle. Blank cards are available for participants to fill in.

3. The educator introduces the procedure.
   - *"Imagine that you are at the centre of the circle (ME).*
   - *In your personal network you have relationships that hold different meanings for you. You now have to place them in the circles.*
   - *If you place a card on one of the green circles, it means you have a good relation with this person.*
   - *If you place a card in one of the red circles, it means that you do not experience the relationship to be good for you.*
   - *The colour has nothing to do with how often you see them but whether you have a good relationship with them/get good support from them.*
   - *The closer you place the cards to the centre, the closer you feel the contact between you and them.*

Green areas = You feel you have a good relationship/get good support from the person

Red areas = This person does have a role in your life but your relationship is bad or not as good.

4. The educator now asks participants to mention individuals from their personal networks who play a role in their lives.

5. For each person mentioned, find a card with the matching relationship and place it in a circle depending on how participants view the relationship to that person.
   - The educator asks the participants what constitutes a good/less good relationship with regard to the support participants feel they need in their daily lives.

6. The exercise continues until all relevant relationships in the participants' networks have been identified.

7. Next, a discussion takes place focusing on how participants can improve their relationships which is in line with their wishes e.g. coming closer to someone in their network or distancing themselves.
   - Participants themselves try to think of ideas about how to attain the contact or support they wish for.

Supplementary questions that the educator can ask to improve the dialogue:

- What pleasures/challenges/problems exist in your relationship?
- How can your relationship improve?
- Who can you get support from and for what?
- How can you tell someone what you need?

STEP-BY-STEP 1 – Detailed version

- How can you tell someone what you expect of them?
- How can you tell someone that you do not want their advices?

8. Conclude the exercise by asking what it was like to review their network in this way.

Variation:
Depending on the participants in group sessions, the exercise can be used in pairs, letting participants take turns being the 'interviewer' and 'respondent'. The educator brief participants in accordance with the step-by-step description of individual guidance and hands out the step-by-step description below to the participants.

After each participant has tried being 'the interviewer' and the 'the respondent', the educator sums up the experiences gained from the exercise.

My immediate world

STEP-BY-STEP 2 – Handed to participants

The participants take turns to be 'interviewer' and 'respondent'.

1. The circle is placed on the table.
   - The person who is the 'respondent' imagines herself/himself standing in the middle of the circle (ME).

2. All cards are placed outside the circle. Blank cards are available to fill in if needed.

3. The 'respondent' chooses card(s) representing a person from his/her personal network, who play a role or are important in his/her life. One by one, the cards are placed on the green or the red area of the circle

   The closer to the middle of the circle (ME) you place someone, the closer you feel to them, or experience their support based on your needs.

4. For each person mentioned, the 'questioner' asks:
   - *"What is it that makes this relationship good or less good?"*
   - *"If you wish to improve this relationship, how could it be improved?*

Other possible questions:
- Who do you get support from and for what?
- What pleasures/challenges/problems are there in your relationship?
- How can you tell the person what you need and expect from him/her?

5. The exercise continues until all relevant relationships have been identified and positioned.

6. The roles switch so that the 'questioner' becomes 'the respondent' and the other way around.

Tool 5

MY CONTACT WITH HEALTHCARE PROFESSIONALS

- To create an overview of participants' contact with and support from healthcare professionals

Purpose

The purpose of the tool 'My Contact with Healthcare Professionals' is to get an overview of the contact that participants have with various healthcare professionals and what they achieve from the contact. In addition to this, opportunities for creating better contact and better outcomes are discussed.

Concept/idea

When you have one or more chronic illnesses, you are often in touch with several sections of the health service and in touch with several different healthcare professionals.
You may find that you do not:

- Always get the support you need.
- Get an opportunity to ask questions that concern you.
- Get answers to a question
- Understand what has been explained.
- Get the best outcomes from the support that is given

Participants identify the healthcare professionals they are in touch with and reflect on how important each contact is to them. Is it someone they see often or rarely? What support and advice do/can they get from this person? Is the contact with the healthcare professional seen as positive or negative? Are there healthcare professionals with whom they are not in contact with but feel they should be? The tool provides the opportunity for discussing how contacts could possibly be improved and what role participants themselves play in their contact with the different healthcare professionals. If applied in a group session, participants can exchange ideas e.g. how they tell others what they need to know, what help they want or they can help each other in formulating questions.

Time needed: Approx. 30 mins.

Material for 10 participants: Five cloth circles with 'ME' in the middle (participants share circles), 10 sets of icon cards with different healthcare professionals including some blank cards. Consider making more of your own cards using the blank cards if needed.

Type: Group (max. 10 participants) or 1:1 participant/educator

Use during the course when considered suitable. Followed by this, it is recommended to apply tools about goal-setting, such as. 'Where Am I', or 'We're on the Way'. Can also be applied in relation to 'My Immediate World' - to identify any opportunities for support in participants' close personal networks.

My contact with healthcare professionals

STEP-BY-STEP – Short version

1. Introduce the purpose of the tool.

2. Participants (in pairs) share one circle.

3. Place the circle on the table and give all participants a set of healthcare professional icon cards which are then placed around the circle. Blank cards to fill in are available if needed.

4. Introduce the procedure
   - The centre of the circle 'ME', cards with healthcare professionals, and the significance of a relationships with a healthcare professional (green and red areas).

5. Now ask participants to mention the healthcare professionals they are in touch with. For every person mentioned, find a card and place it in the circle to reflect how the participant views their relationship with the respective healthcare professional.

6. Discuss what participants can expect from the various healthcare professionals, how contact with a healthcare professional/the health services could be improved. Discuss specific suggestions for how participants can prepare for a consultation and how they can ask questions.

7. Round off the exercise by asking participants whether the exercise assisted them.

My contact with healthcare professionals

STEP-BY-STEP – Detailed version

1. The purpose of the exercise can be described as follows: *"The purpose of the exercise is to get an overview of the contact you have with various healthcare professionals and what you get out of this contact. The purpose is to identify the opportunities for creating better contact and better outcomes if you feel this is relevant to you."*

2. Participants are divided into pairs (one pair per circle). The circle is placed on the table in front of them and all participants get a set of icon cards of healthcare professionals which are placed around the circle. Blank cards to fill in are available if needed.

3. The educator explains the circle by saying: "Imagine that you are standing in the centre of the circle (ME)."

4. The educator now asks the participants to name the healthcare professionals with whom they are in contact with. Alternatively, consider reviewing the icon cards one by one.

5. For each healthcare professional mentioned, the participant places the icon card in the circle. The position of the cards should depend on:
   - **a.** Whether they consider the healthcare professional to be important, less important or not important
   - **b.** Whether they have a good, less good or poor contact with the healthcare professional

The closer to the centre, the more important a relationship.
Green: Good relationship
Red: Poor relationship

5. The educator asks about what the participants get from their contact with a healthcare professional and what determines a positive/less positive relationship with a healthcare professional.

7. If relevant, the educator can use his/her professional knowledge to suggest what the healthcare professional could provide. The educator can facilitate a talk about what one can expect from the respective healthcare professional.

8. During the discussions, participants may say that they wish to improve their contact with a healthcare professional. I this situation the educator should encourage the other participants to suggest how this can be done, including suggestions on how to prepare for a consultation and how to ask questions.

9. The exercise continues until all the chosen healthcare professionals have been reviewed.

10. If there are certain healthcare professionals that have not been mentioned, the educator can identify them and ask participants whether they consider it important to have contact to them in the future. The educator can, if s/he believes it to be important, say something about the concerned healthcare professional.

11. The educator rounds off the exercise by asking participants how the exercise has helped them.

Variation of the exercise 1:1 (participant /educator)

The various steps of the exercise are followed, and in this case it is also the participants' contacts with the healthcare professionals which are identified, located and discussed.s

My contact with healthcare professionals

STEP-BY-STEP – Detailed version

Supplementary questions and topics that can be addressed:

- How can you get more support from the various healthcare professionals that you meet in your daily lives?
- How do you tell them what you need?
- How do you tell them what you expect from them?
- What do you expect from the various healthcare professionals that you come across in the healthcare and social services?
- What do you expect from working with them and what can you do yourself?

Tool 6

FACT OR FICTION

- Repetition and clarification of messages in a playful way

Purpose

The purpose of 'Fact or Fiction' is to impart factual diabetes-related knowledge in a different way which:

- Facilitates dialogue between the educator and participants as well as among the participants.
- Gives the educator the opportunity to address topics on the basis of what participants already know.
- Helps participants to exchange views and to get to know each other better.

Concept/idea

Using games in teaching can generate a relaxed atmosphere. The 'Fact or Fiction' game is inspired by a TV quiz show in which participants should guess whether a statement was true or false.

In this version, participants are divided into two (or more) teams and the educator reads aloud statements for the teams to consider. If there are only three or fewer participants then make a single team. The teams discuss each statement and agree on whether the statement is false (Fiction) or true (Fact). It should be pointed out that it is important to promote participants' mutual discussions about the answer since this assists in mutual learning.

The purpose is to openly discuss the various statements once the participants have answered 'Fact' or 'Fiction'. This can be done for instance by hearing their reasons for choosing specific answers. Next, the educator explains and provides further detail as required.

The game includes a number of statements to provide examples of how "Fact or Fiction" questions can be formulated. It is important that the questions (used by the educator) relate to the current teaching process and educators typically have to prepare questions that match the teaching process and specify the messages they wish to focus on. Feel free to use the accompanying questions if they fit with your teaching.

Time needed: Approx. 20-40 mins. depending on the number of statements

The various statements and two sets of 'Fact' and 'Fiction' cards (one set for each team). Consider making copies for distribution

Group - divide the group into teams of minimum two participants.

Use during the course when considered suitable. Followed by this, it is recommended to apply tools about goal-setting, such as. 'Where Am I', or 'We're on the Way'.

Fact eller Fiction

STEP-BY-STEP – Short version

1. Present the purpose of the tool and introduce the participants to the game.

2. Divide the participants into teams.

4. Select statements for discussion in advance and read them aloud one at a time.

4. Participants work together on their responses. Facilitate this by asking questions and encouraging collective curiosity in relation to the knowledge which each participant is bringing to the discussion.

5. Ask about the rationale behind the responses and then relate these to participants' own experiences.

6. Round off by asking whether and how participants have learnt anything from the exercise.

Fact eller Fiction

STEP-BY-STEP – Detailed version

The educator prepares which statements to include in the game before initiating the game. The educator should only use the questions that fit with the teaching topic and are considered relevant.

It is also a good idea to ensure participants on the same team are placed so they can talk and discuss. Prior to starting, the educator needs to have prepared a time outline for each stage of the exercise (thinking, discussing, writing etc.) (e.g. 2 mins.). Alternatively, this could vary and a more flexible approach could be adopted depending on the conversations that may arise. However, participants should still be alerted along the way. E.g. by saying: "You need to have your answers ready in 30 seconds."

If the educator chooses to apply fixed timing, a visual cue (sand clock etc.) can assist in further time management and for participants to see how much time they have left for finding an answer.

1. The educator introduces the purpose of the tool. It is important that the educator have considered in advance and decided on the purpose of applying the tool (check out the previous page - 'Purpose of the exercise' - for inspiration).
   It is also important that the purpose is clearly explained and there must be an opportunity to ask questions. The purpose could for example be explained as follows:

   "Over the past hours/days you have learnt lots of things that are important for diabetes and its treatment. You have learned about testing blood sugar and treatments with medicine, physical activity and the significance of food. Now we are going to play a game in which you apply what you have learnt. We are going to play 'Fact or Fiction'.

2. The educator introduces the rules by for example saying: *"You will be divided into two (or x) teams. Often some people remember one thing and other people remembers another, so make sure you use each other's knowledge and work together to find the right answer. So it is all about working together in your team to find out whether the statements I read aloud are true (Fact) or false (Fiction)..."*

3. *"Now first of all, are there any questions?"*

4. The educator then reads the statements aloud one by one. Consider distributing the statements to the team so that they can read them afterwards. After each statement, the teams get a little time to discuss and agree on which card ('Fact' or 'Fiction') they should show when the educator says: *Time's up."*

   It is important for participants to talk together and collaborate on the answers. The educator can help facilitate this if necessary, for example by asking questions and stimulating their curiosity about what each of them knows about.

   For example, if a participant is sure that HbA1c can be measured in % and in mmol/mol, the educator can ask the others on the team whether they think the same. If they do not know, it is possible to ask the person who knows the answer how he/she remembers this and how/if they use this information.

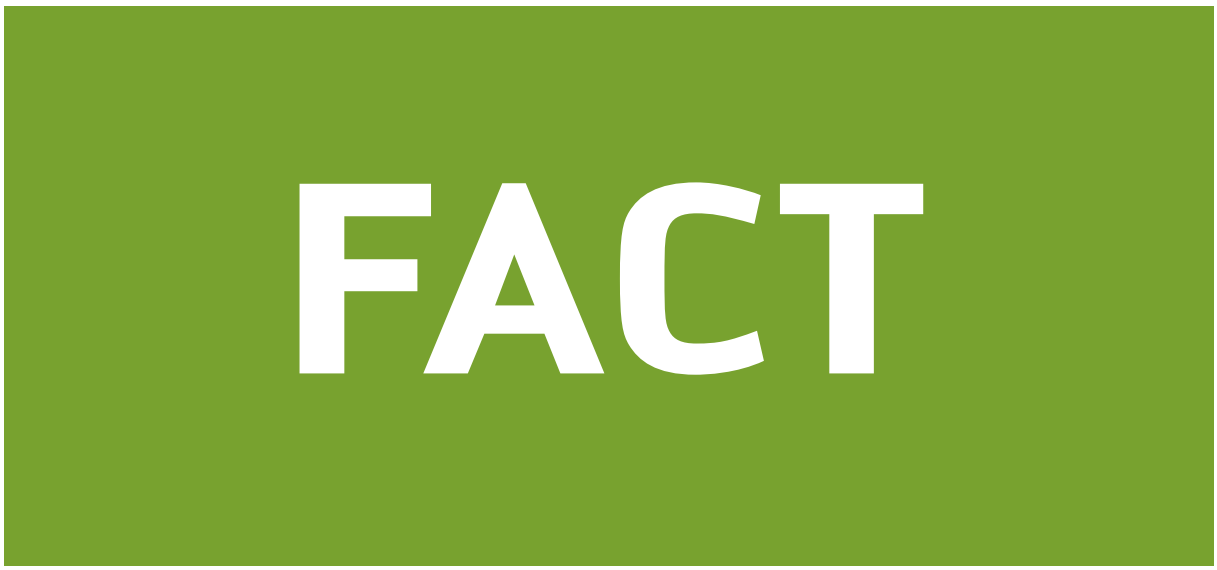
5. When the participants have answered a statement, ask about the rationale behind their answers. Here it is important to relate answers to participants' own experiences. As highlighted in the example above, there could be a question about when and how participants use HbA1c readings. If this means having to give an explanation and further detail, do so. If more explanations are needed for several statements, it may entail reducing the number of statements in this particular game.

STEP-BY-STEP – Detailed version

Variation of the exercise

If you wish, this exercise can assist in bringing a sense of competition among participants. One point is then given for each correct answer and the team with the most points wins. For each team, consider carefully whether this is appropriate, especially for participants who are more quiet and insecure.

Points can be scored visually to keep track of the situation, for example by doing the scoring on a board/flipchart.



Tool 7

'WHERE AM I?

- To feel in your body where you are and where you would like to be compared to where you are at present

Purpose

- To assist participants in creating awareness about where they are in relation to their current situation, needs and wishes by becoming aware of their body.
- To support participants in setting (small) goals for where they would like to be (change)
- To discuss things with others in the same situation and get ideas about the desired change in order to support increased action competence/self-care.

Concept/idea

Small changes in daily routines can have a positive impact on wellbeing and health, not least when people have a chronic illness. The idea of this tool is to let participants focus on their own change process by moving physically and pay notice to their situation, wishes and needs through their bodies.

The exercise gives participants the opportunity to talk to other people in the same situation. Sharing experiences and listening to others who may also find it hard to change their habits can provide new ideas and opportunities for seeing one's own situation in a new light.

The exercise aims to help participants reveal their wishes for change, both by using their body and their voice. This requires that participants know each other a little and that the group feels confident and secure.

The tool can be applied in two different ways. Either the group use a shared subject for change or each participant choose their own subject for change.

Time needed: Approx. 20 - 30 mins

Ten sets consisting of a happy and a sad smiley. There are plus/minus signs on the back of the smileys. The plus/minus signs can be used instead of the smileys if preferred.
If the subject is a joint subject, you can use a single set (one sad and one happy smiley).
If each participant works with a personal subject, each participant should all have their own set of smileys. Floor space is required for the exercise.

Type: 1:1, Group

This tool can typically be used as follow-up to one of the other tools in order to further clarify wishes, goals and plans.

Where am I?

STEP-BY-STEP 1: Shared subject – short version

1. Introduce the purpose of the tool and the selected subject
2. Place a sad and a happy smiley on the floor (or the plus/minus signs).
3. Ask the participants to position themselves between the two smileys (happy and sad) depending on where they think they are with regard to the selected subject.
4. The participants position themselves.
5. Now ask the participants to form pairs and tell each other why they are standing where they are (approx. 1½ min for each – adjust the time as required).
6. Now ask the participants to move to where they would like to be.
7. Participants again form pairs to tell each other: "How does it feel to stand here?"
8. Next, ask the participants to go back to the start and ask them how they feel about going back to the start. Then ask them about the first step they should take in order to get to where they would like to be.
9. The participants form pairs and tell each other about their thoughts and ideas about the first step and if possible the following steps in order to reach the spot where they wish to be.
10. The educator concludes the exercise by asking participants whether they would like to share their experience of this exercise.

STEP-BY-STEP 2: Self-elected subject - short version

1. Introduce the purpose of the tool
2. Hand each participant a happy and a sad smiley and ask them to choose a subject they would like to address.
3. Ask each participant to place a sad and a happy smiley (or the plus/minus signs) on the floor well apart (min. 2 m).
4. Ask the participants to position themselves between the two smileys (happy and sad) depending on where they feel they are with regard to the subject they have decided to address and change.
5. Ask participants one by one how they feel about standing where they are.
   Advantages and disadvantages about standing there. All participants take turns to answer and listen to each other; get the opportunity to reflect on each other's thoughts about change (also applies to points 6-8).
6. Ask the participants to move to where they would like to be and ask how it feels to stand there. Advantages and disadvantages about standing there.
7. Ask the participants to go back to the start and ask how they will get to where they want to be.
8. Ask the participants to take the first step towards that place and ask how it feels to stand there.
9. Conclude the exercise by asking participants to share how it was.

Where am I?

STEP-BY-STEP 1: Shared subject – detailed version

The exercise requires thorough preparation. The educator should consider whether all participants can manage to stand throughout the entire exercise. It is important that the educator has decided the purpose of the exercise in advance.

The purpose should be explained clearly and there must be an opportunity to ask questions.

1. The educator introduces the purpose of the exercise and the shared subject selected by the educator. The educator may say:
   "The purpose is to help you use your body to note where you are and where you would like to be with respect to the selected subject."

2. The educator places one happy and one sad smiley on the floor (or the plus/minus signs), with at least 2-4 metres between them (or more if possible).

3. The educator asks the participants to position themselves between the two smileys (happy and sad) depending on where they think they are with regard to the selected subject.
   The educator may say: *"Position yourself between the two smileys (happy and sad) where you think you are with respect to the subject of ….."*

   Example: Movement and Physical activity:
   "On a daily basis, how much do you exercise?"

   The educator says: *"You can actually stand on a smiley or anywhere between the two smileys (happy and sad). Carefully consider whether you feel you are in the right place. Perhaps you should try to move backwards and forwards until you feel that you are in absolutely the right place."*

4. The participants position them in the spot where they want to stand.

5. The educator asks participants to form pairs/ find a partner and tell each other about why they positioned themselves in the respective spot.
   Ask for example:
   "How do you feel about standing here? What makes you stand here and not further along towards the sad/happy smiley?"

   - Each participant gets 1½ min to tell why they are standing there (adjust the time as required).
   - The educator tells them when time is up for each participant (after 1½ min), so both participants get the opportunity to share and listen.

6. 6. The educator now asks the participants to move to the point where they would like to be by asking:
   "Where would you like to stand?"

   The participants now move and try out where they would like to stand. Give them time to do so.
   Say for example: *"It is also alright not to move if you are happy with where you are standing."*

7. The educator again asks the participants to form pairs and ask/tell each other:
   "How is it to be here?"
   "How is it different?"

   - Each participant gets 1½ min to share their thoughts (adjust the time as required).
   - The educator tells when time is up for each participant (after 1½ min) so both participants get the opportunity to share and listen.

8. The educator then asks the participants to go back to the starting point by saying:
   "Now go back to the starting point."

STEP-BY-STEP 1: Shared subject – detailed version

9. When everybody has gone back to the start, the educator asks the participants how it feels to be 'back'. Afterwards the education asks:
   "Now consider the first step that will take you closer to the place you would like to be."

   "And take the FIRST step towards where you want to be."

10. The educator asks the participants to form pairs and tell each other about their thoughts and ideas about what the first step should be.

    - Allow 1½ min for each (adjust the time as required).
    - The educator tells when time is up for each participant (after 1½ min) so both participants get the opportunity to share and listen.

11. The educator concludes the exercise by asking participants whether they would like to share how they found the experience of this exercise.

Variations of the exercise

The exercise can also be used as an introduction to the subject of the day with a question about where participants are and where they would like to be.

Where am I?

STEP-BY-STEP 2: Self-elected subject - detailed version

1. The educator explains the purpose and says:

   "The purpose is to use your body to help you feel where you are and where you would like to be compared to your current situation, needs and wishes."

2. Participants each receive a happy and a sad smiley (or they can use the plus and minus signs on the back). And the educator asks the participants to place the smileys on the floor well apart and says:

   "Each of you must now choose a subject that you would like to address during this exercise. The topic should be about something you wish to change or something that irritates you and would like to change. This could for example be that you would like to eat fewer sweets, get more exercise or be in a better mood despite your illness. If it is difficult to think of a subject, let me know and perhaps I can help you find one."

3. The educator allows some time (approximately 1 min) for this.

4. When everybody has chosen a subject, the educator asks: *"What is your subject?"*

5. The educator then asks three rounds of open/active listening questions.

   The participants take turns to answer and listen to each other. It is important that it is not experienced like a competition but that change is in focus. Then participants can mirror their considerations about change in each other.

6. The educator then says:
   "In a moment you will be asked to stand between the two smileys (happy and sad) in the position where each of you feels you are with regard to the subject that you have decided to work on and change."

   "The more positive you feel about your situation, the closer you should position yourself to the happy smiley.
   You can actually stand on a smiley or anywhere between the two smileys (happy and sad)."

7. *"Now, place yourself between the two smileys (happy and sad) so that it represents where you believe you are."*

   "Carefully consider whether you feel you are in the right place for you."

   "Perhaps you should try to move backwards and forwards until you feel you are in the right place."

   "How do you feel about standing where you are?"

   "Why did you decide to stand where you are and not closer to either happy/sad smiley?"

   "What does (e.g. exercising) mean to you?"

   "What is healthy/unhealthy for you?"

   You can ask: *"How do you feel about the fact that you are standing where you are?"*

8. The educator asks the next question:
   "Where would you like to be with regard to…?"

   The educator asks the participants to position themselves between the smileys to illustrate where they would like to be. The educator guides the participants by saying: "Try going backwards and forwards a little, take big and small steps towards the spot you would like to be."

   "Carefully consider whether you feel you are in the right place."

   "Perhaps you should try going backwards and forwards until you feel you are in the right place."

Where am I?

STEP-BY-STEP 2: Self-elected subject - detailed version

9. The educator asks the participants one by one:
"What is it like to be here?"

"What are the advantages?"

"What are the disadvantages?"

10. The educator asks the participants to go back to the starting point and asks:
"How can you get to where you want to be?"

Participants get a short time to reflect and consider this.

11. The educator then asks the participants one by one:
"What are your thoughts on this?"

"What can you do to get to the spot you wish to be?"

"What should your first step be?"

12. The educator asks the participant to take the first (small) steps towards the spot where he/she would like to be and asks:
"How does it feel to be here?"

13. The educator concludes the exercise by asking participants whether they would like to share how they found the experience of this exercise.

Tool 8

WE'RE ON THE WAY

- In a playful manner to focus on goals, possibilities and action

Purpose

- To give participants an opportunity to bring attention to and formulate their wishes, needs and opportunities for change in a different way than usual.
- For participants to be inspired by each other
- To get participants to know each other better

Concept/idea

Using games in teaching can generate a relaxed atmosphere. "We're on the way" is based on a board game including a board with four main areas, each with an overall theme. All participants will address all themes when playing the game.
The four themes are:

1. 'Look back...'
2. 'Look ahead…'
3. 'What can X do…'
4. 'We're on the way..'

Place challenge cards on the main areas no. 1, 2 and 4. The challenge cards contain challenges and questions related to the theme in the main area.

- In Area 1, 'Look back …' ask participants to talk about something they have done, experienced or changed that they are pleased about.
- In Area 2, 'Look ahead…' ask participants to describe something that they would like to change, do differently, have more of, etc.
- Area 4, 'We're on the way…' ask participants about what the first step could be for each participants, the support they might need, etc.

In Area 3, 'What can X do…' participants undertake a mutual generation of ideas and discuss what can be done about the issues/topics selected in "Look ahead.."

Participants start in Area 1 and take turns to draw a card and 'solve assignments' 1 to 4. If several participants have opted for the same topic/issue in 'Look ahead..', when reaching Area 3 ideas can be merged into a single process for these participants.

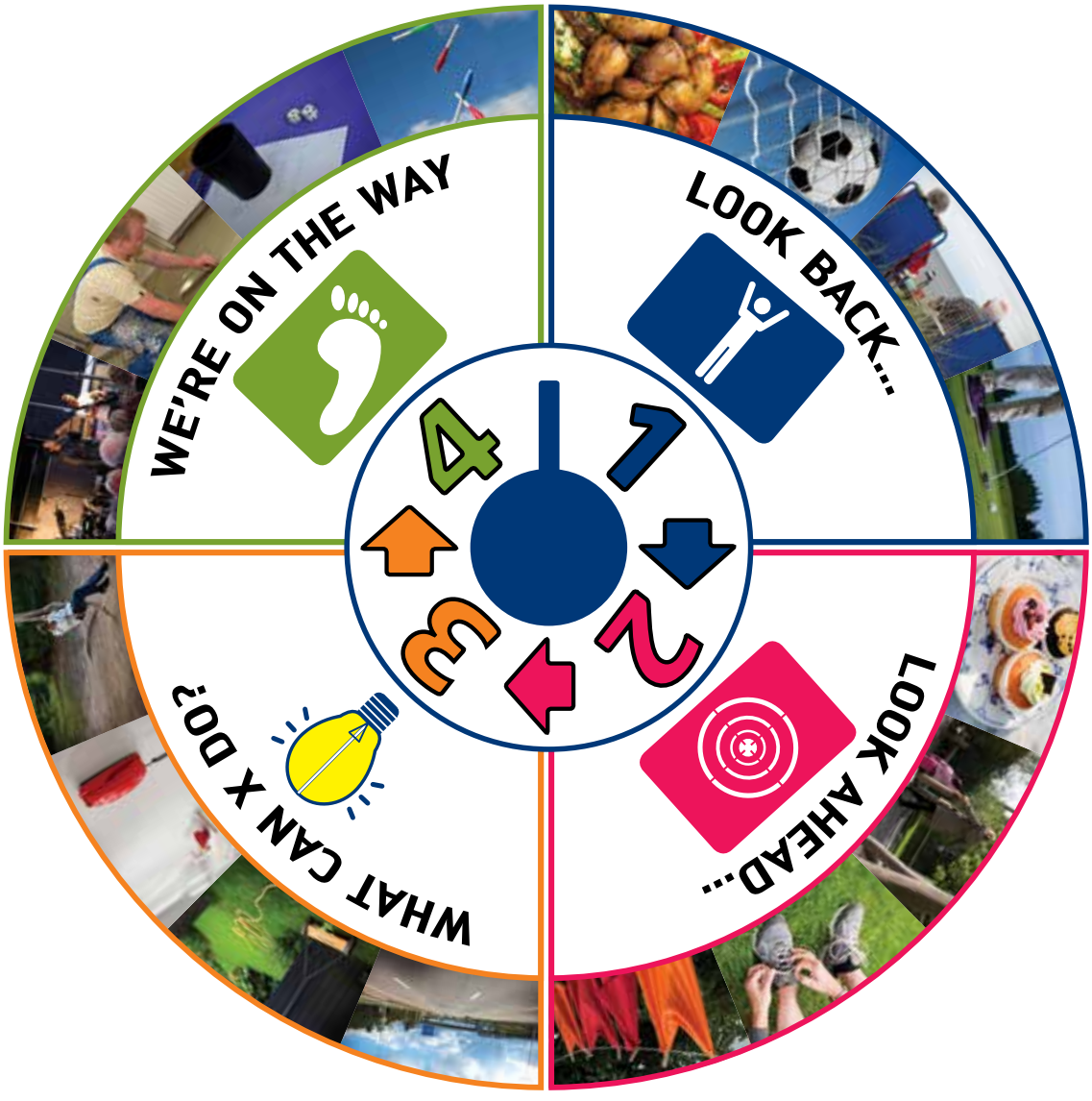
WE'RE ON THE WAY

Time: Approx 20-40 mins. depending on the number of participants.

Two sets consisting of: A game board and a set of 18 challenge cards divided into three categories.

Group: Max. four participants for each game.

Can be used as follow-up to another tool in order to further clarify wishes, goals and plans.



We're on the way

STEP-BY-STEP – Short version

1. Introduce the purpose.

2. Introduce the game board, the four main areas, and associated tasks. Divide the participants into groups of 2 - 4 players. Each group gets a game board and a set of challenge cards.

3. Place the challenge cards on the correct symbol squares.

4. The participants decide who should start and then take turns in drawing a card from the stack of cards in Area 1. The theme of this area is about looking back on something that they have done, experienced or changed.

5. When everybody has drawn a card from Area 1, they take turns to move to Area 2 and draw a card. This is about describing something that they would like to change in the future.

6. When everybody has drawn a card from Area 2, the group moves on to Area 3. Here, participants should help each other to get ideas on how to achieve what was outlined in Area 2.

7. When all issues/topics from Area 2 have been addressed and the group has generated ideas for each issues/topic, proceed to Area 4, and draw a card. Here, participants should think about how to take the first step in changing what has been discussed and what support is needed.

   Be aware of any reading difficulties in the group. If any of the participants experience reading difficulties, someone else in the group should be appointed to read the cards. This could be the educator if there is only a single group.

   If a participant has difficulty in getting any ideas after having taken a challenge card, the educator can assist them by interestingly asking questions or by allowing them take a new card.

8. Round off by for example, asking whether the participants were inspired by the exercise. Or relate this exercise to the following exercises.

We're on the way

STEP-BY-STEP – Detailed version

The educator introduces the purpose of the tool. It is essential that the educator decides on the purpose of applying the tool prior to introducing it to the participants. It is equally important that the objectives are clearly explained and that participants are provided the opportunity to ask any questions that they may be unclear about.

1. The educator presents the exercise by saying for instance:
   "The exercise consists of a game board with four main areas that all of you need to pass through. There are tasks to be completed in each of the four main areas. In three of the areas, each of you draw a challenge card with a question on it and in one of the areas there is a joint assignment."

2. Participants are divided into groups of 2 - 4. Each group gets a game board and a set of challenge cards. Place the challenge cards on the matching symbol squares.

STEP-BY-STEP – Detailed version

3. The participants decide who should start and then take turns in drawing a card.
   - This area is about looking back on something that participants have done, experienced or something that they are pleased with having changed. This might be about a hobby, lifestyle, family, social relationships or work.
   - Participants briefly tell what made them to make the changes or what made it a positive experience.

4. When everybody has taken a card from Area 1, they take turns to move to Area 2 and draw a card. Here they need to describe something they would like to change, do differently, or would like more of.
   - Consider writing participants' choices on a board.

5. When everybody has drawn a card from Area 2, the group moves on to Area 3.
   - Here, help each other to get ideas, on how to achieve what was outlined in Area 2. The other participants should mainly make suggestions to the person whose turn it is. (If there are only two participants, the person whose turn it is can make suggestions).
   - It is important to point out that the person whose turn it is should just listen to all the suggestions but it is entirely up to them whether or not they want to use the ideas.
   - If more participants have chosen the same issue/topic in Area 2, a shared idea-generation on the topic is made and the participants in question move to Area 3 together.
   - It may be a good idea to write suggestions on the board/flipchart.

6. When you have generated ideas for all the participants' issues/topics from Area 2, proceed to Area 4, and draw a card.

   - Here the task is to reflect over what the initial task is/should be in relation to what was described in Area 2, what support is needed etc. Support could be a family member, a friend, one you could fix a date with, arrange a visit to the dietician, somekind of aid or something totally different.
   - The educator should be aware of participants with reading difficulties. If there are participants with reading difficulties, someone else in the group should be appointed to read out the cards. This could be the educator if there is only a single group.
   - If a participant has difficulty in getting any ideas after having drawn a challenge card, the educator can assist by asking questions or by allowing the participant to take a new card.

7. After the game, the educator rounds off for example by asking whether participants were inspired by the game and/or by relating the game to the following programme.

Variations of the exercise

Try completing the whole round for one participant at a time instead of one area per participant at a time. The exercise could possibly be done by taking along the cards on a 'walk and talk',

Tool 9

CHECK-OUT

- Attentiveness/reflection exercise to round off

Purpose

The purpose of this tool is that participants get the time and the opportunity to reflect on what they have experienced and what they have learned from the course.

Concept/idea

The tool should assist in allowing the participant to experience a sense of involvement, attentiveness and awareness of the present moment. Maintaining a focus on the breathing, and actively thinking about the body's contact with the floor, seat, and back rest of the chair gives an awareness of body weight allowing for increased sense of physical awareness, and allows for awareness of what is going on in the mind and body. The attention is on the body focusing on breathing. The idea of using this exercise to 'check-out' it is to give participants the opportunity and quietness to reflect on the course and what they are taking back home with them. The exercise is inspired by mindfulness and should not be confused with meditation.

Time needed: Approx. 6 mins.

STEP-BY-STEP

Group or 1:1 participant/educator

Can be used as a concluding element for every session if possible

Check-out

STEP-BY-STEP

1. The educator introduces the purpose of the exercise to the participants, by saying for instance: *"This exercise gives you time and peace to reflect and think about what we have experienced on the course these past x hours/days.*
   The exercise takes about 6 minutes."

2. **Introduction: The educator says:**
   "Sit comfortably in your chair with your feet on the floor so you are as relaxed as possible. You can do the exercise with your eyes open or closed. If you prefer to have your eyes open, then relax by focusing on a point in front of you, for example on the floor. Whatever feels right for you."

3. **Relaxation: The educator says:**
   "Start by feeling your feet on the floor and make small movements to feel the floor under your feet."
   Allow participants to do so for about 20 secs.

   "Every time you breathe out, let your feet sink a little more down into the surface and see how it supports you."
   Allow participants to sit for about 30 secs.

   "Now bring attention to the back of your thighs and buttocks resting on the chair. Allow yourself to make small movements."
   Allow participants to do so for about 20 secs.

   "With every exhalation, you sink deeper into the seat and notice how the seat supports you."
   Allow participants to sit for about 30 secs.

   "Now feel your back against the back of the chair. Allow small movements." Allow participants to do so for about 20 secs.
   Allow participants to do so for about 20 secs.

   "Now every time you breathe out, lean against the back of the chair and feel it supporting you."
   Allow participants to sit for about 30 secs.

   "Now bring attention to your breathing and be aware of inhaling and exhaling. Follow the natural rhythm of your breathing and do not try to change or regulate it in any way".
   Allow participants to sit for about 20 secs.

4. **The educator says:**
   "Think back on the past x hours/days and notice if anything made a special impression on you. What? It is OK if several things pop up."
   Allow participants to sit and reflect for about 1½ min.

5. **Say:** *"Imagine you are back home. Is there anything from the course you would like to try out or something you would like to do differently?* Allow participants to sit for about 1½ min.

6. **Conclusion: The educators says:**

   "Now return to your own tempo."

   "Move your toes a little, and then the feet."

   "Move your fingers, and then the arms."

   "Straighten your back and drop the shoulders."

   "Open your eyes (for those who closed their eyes)."

   "Take a deep breath in and breathe out through the mouth."

   "And again, take a deep breath in and breathe out through the mouth."

   "And the last time: Breathe in and breath out."

Variation of the exercise

Consider allocating a couple of minutes so that participants can note down their thoughts on paper after the exercise is completed.

ABOUT THIS GUIDE

This guide was developed as part of the project: *"Health education targeting vulnerable patients with chronic illness – further development and testing of health education methods and tools."*

The tools and the health education principles which are presented in this guide were developed on the basis of interviews, workshops and prototype testing by patient educators at hospitals and municipalities in Region Southern Denmark, Gladsaxe Municipality, Bornholm Hospital and the Municipality of Bornholm.

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