

# Applying Learning Style Needs to Improve the Delivery of Health Education and Engagement

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## **Continuing Education**

- To complete the course, the learner must:
  - Watch the 60-minute webinar (live or recorded)
  - Complete evaluation & reflective questions
- After this course, the learner will:
  - Explain a practical understanding of various learning styles
  - Examine their implicit biases around patients as learners
  - Describe how to apply research facing tools to amplify the patient learning process



#### **Continuing Education**

- Nursing approved for 1.25 contact hours
  - Quality Insights is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation

#### Social work

- The Maryland State Board of Social Work Examiners has approved Quality Insights Renal Network 5 to extend continuing education credit to participants who meet attendance requirements in the Network 5 region (Maryland, Virginia, West Virginia, and Washington, DC) and certifies that this program meets the criteria for 1 credit hour of Category I continuing education credit for social workers in the Network 5 region.
  - Participants must attend 100% of the entire event and be licensed in the Network 5 region.
  - Social work continuing education credits for regions outside of the Network 5 area have not been approved.



### **Continuing Education**

- Also accepted for Certified Patient Care
   Technicians' (CPTCs) and Certified Hemodialysis
   Technicians' certificates
- Other disciplines can check their State Board to see if they accept ANCC credits
- Quality Insights has no further disclosures.



### Learning Objectives

#### Patients will be able to:

- 1) Own a practical understanding of various learning styles
- 2) Assess their own learning styles and implicit biases around what they believe they are not capable of learning
- 3) Learn which questions to ask of providers in order to self-advocate and approach communicating with their care team members

#### Providers will be able to:

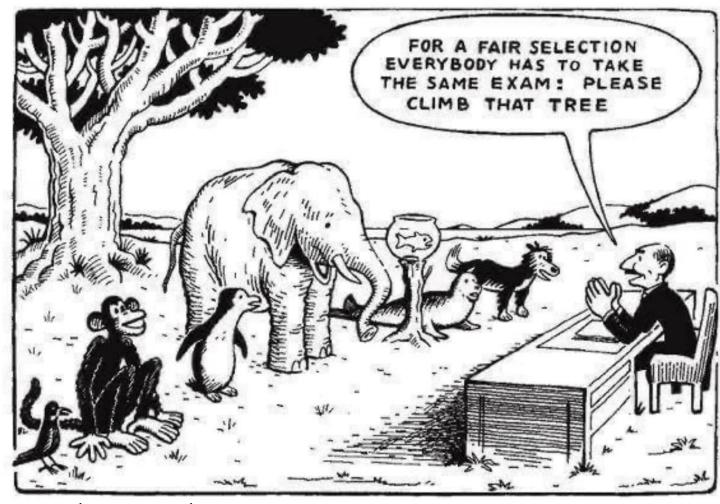
- 1) Own a practical understanding of various learning styles
- 2) Assess their implicit biases around patients as learners
- 3) Learn and apply research facing tools to amplify the patient learning process



"Literacy unlocks the door to learning throughout life...is essential to development and health, and opens the way for democratic participation and active citizenship."

- Kofi Annan





*Image by Hans Traxler* 

Look at the similarities and differences in the image.

Look at the language in relation to the similarities and differences.

What lands for you?



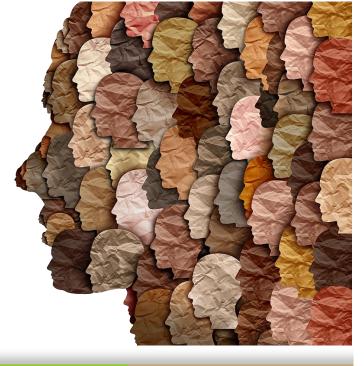
According to the Health Services and Resources Administration...

"Health literacy is the degree to which individuals have the capacity to obtain,
process, and understand basic health information needed to make appropriate
health decisions."

Low health literacy is more prevalent among:

- Older adults
- Minority populations
- Those who have low socioeconomic status
- Medically underserved people

Knowing **learning styles** is therefore key to progressive health literacy.





If we layer these two very significant pieces of context:

- "Literacy unlocks the door to learning throughout life...is essential to development and health, and opens the way for democratic participation and active citizenship." - Kofi Annan
- "Health literacy is the degree to which individuals have the capacity to (apply their learning style) in order to understand basic health information needed to make appropriate health decisions." - Health Services and Resources Administration



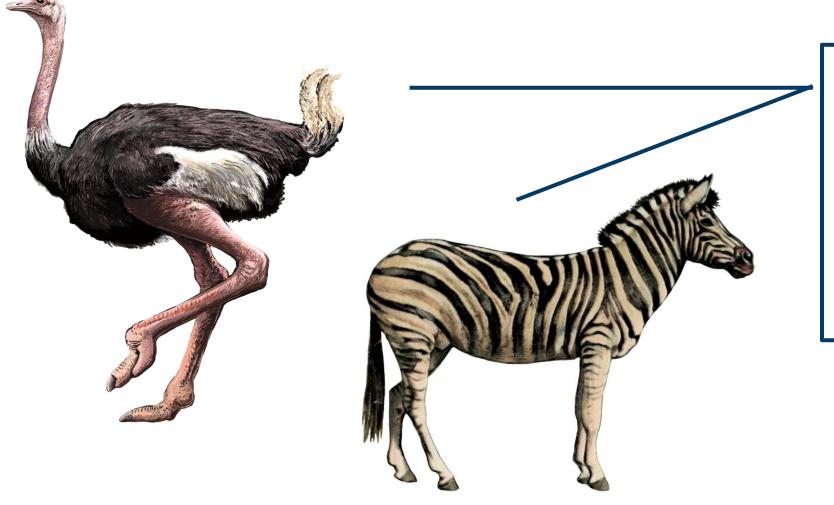
We see a partnership at work:

- Patients and care team members share in communication and learning
   democratic participation
- Patients and care team members own awareness = awareness of learning styles

Democratic participation x Awareness = An inclusive health literacy environment



#### The Patient and Provider as Educators



Symbiotic Relationship

Learning

**Dual responsibility** 



## Addressing Misconceptions

Patient Facing	Care Team Member Facing
Patients fully understand what is disclosed to them about their health	My physician is solely responsible for communicating in a way that works for me.
Patients have access to information that will help them get clarity about their health condition	My physician knows that I have access to resources that will help me gain clarity about my health condition if I have questions.
Implicit biases are non-existent in provider-patient interactions	Implicit biases are non-existent in patient-provider interactions



# Can you see where I'm hurting? Pain Behaviors Behind the Misconceptions

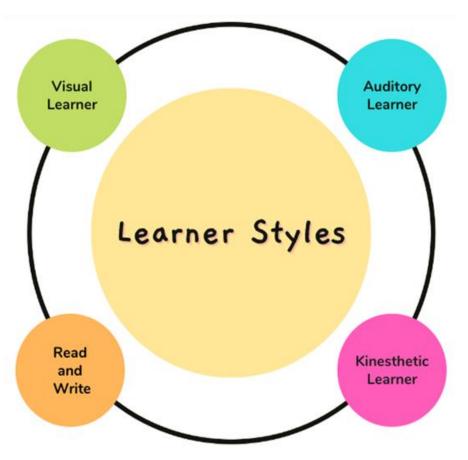
Patient-facing	Provider-facing
Silent, withholding communication	Robust, jargon-based communication (also lacking in visuals and demonstration of info)
Lack of self advocacy	Display of lack of empathy and patience
Continued assumptions	Continued assumptions
Refusal to report providers and care team members	Intimidation and neglect



# Acknowledging the Democracy = Knowing the Learning Styles

"When I see it, I can better understand it."

"When I can read it myself and put the learning to paper, I can better understand it."



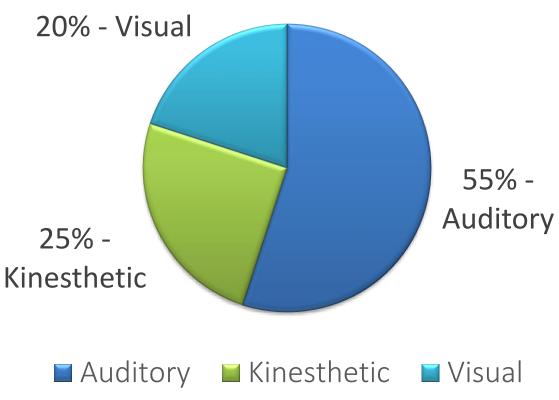
"When I hear it, I can better understand it."

"When I can manipulate it, I can better understand it."



## Learning About My Learning Style

My Learning Style Profile



20-Question Learning Style Quiz5-minute Personality & Learning Style Quiz



#### As an auditory learner, I...

- ✓ Hear to learn
- Am sensitive to sound
- ✓ Prefer to hear directions/instruction
- ✓ Better understand the meaning of words by listening to voice tone, speed, and pitch
- ✓ Best understand new concepts and ideas through discussion



#### Healthcare Encounter as an Auditory Learner

- Visual challenges further force reliance on verbal engagement
- Triggered by the sounds of the dialysis machines
- Machine sounds initiated mostly positive engagement and education with nurses and patient care techs
- Ask questions in real-time and when written materials are shared



## Tips That Supported My Learning From The Perspective of an Auditory Learner

#### **Provider Tips**

- Provide clear facts, without "sugar coating"
- Avoid monotone speech
- Provide verbal explanation of written materials
- Be sensitive to different learning styles and literacy levels

#### **Patient Tips**

- Be aware of your learning style
- Ask questions and request responses be given in the method that best supports your learning style (e.g., verbal, written, visual illustration)



#### Reintroduction: Hello, my name is...

- ✓ I am a visual learner.
- ✓ I am drawn to certain colors when learning.
- ✓ I prefer infographics and stories or language that paint a "picture."
- ✓ I best obtain info from what I see.
- ✓ I close my eyes when I am trying to see what someone is saying.
- ✓ I best understand new concepts through visual imaging.



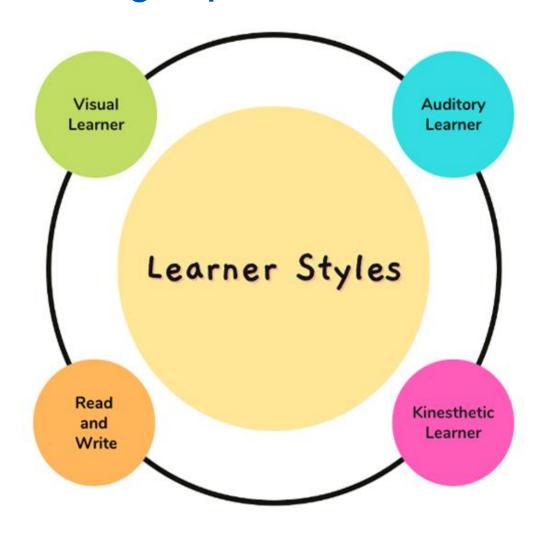
#### **Learning Tips and Resolutions**

Images, Icons and Words



Lots of Notes and Active Reading





Hearing and Listening



Movement and Touch





#### Reconciliation

- Recommitment to learner style based communication
- Maintain awareness of biases
- Teach friends, family and colleagues
- Self-awareness and self-reflection
- Continue doing the work



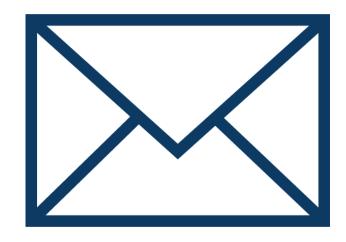
### Let's stay in touch!

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- Instagram: @joandherpen
- Facebook: Jo & Her Pen



#### **Evaluation**

- Applying Learning Style Needs to Improve the Delivery of Health Education & Engagement
  - Evaluation: <a href="https://www.surveymonkey.com/r/VH7FQ2N">https://www.surveymonkey.com/r/VH7FQ2N</a>
  - Copy link after submitting survey to get your certificate with continuing education credits.



#### **QR Code**

Activate the camera on your smart phone and scan this QR code to link to the **evaluation.** 



## Questions?





## Thank you.



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