

Digital Health Workshop

Workshop outline and activities

Our research tells us that participants are not looking for technical, presentation-led training. What the activities below aim to do is get workshop participants to:

- think about their own attitudes and habits when it comes to technology
- show what digital options are out there for them and their patients
- provide clear examples of how technology has helped others
- find ways that they can talk about and share technology with colleagues
- leave with a simple, practical to do list of tasks to complete.

Collectively, the activities must cover the following themes, which have come from all of the work done on the project so far.

- Language
- Peer support
- Show don't tell
- Personal touch
- Myth busting
- Barriers

Resources Needed

- Call to Action postcards
- Emotive words index cards
- Paper case studies
- Flipboard
- Post It Notes
- Attendee List
- Pens
- Slide deck + Laptop + Adapter
- Good Things Foundation direction signs
- A3 persona sheets
- Feedback A3s
- Dots
- Blutac

Room Setup

- Recommended number of people attending a workshop is between 9-12
- 2-4 Tables set out for people to write down thoughts, but with enough space for people to get up and move around the room.
- Wall space for flipchart
- Delegate Packs including...
 - Pledge cards
 - Case studies x2
 - Top 10 tips for making technology part of your everyday practice.
- index cards for “check the attitude”
- The following flipcharts on the walls...
 - Themes e.g. Peer support etc,
 - Rules of engagement
 - Information Governance
 - Change should be led from the top
 - Our focus should be on patients with long term conditions where possible...
 - “Personas” (on flip chart paper) on the wall for “How digital are you”:
 - Unaware
 - Interested
 - First Timer
 - Regular
 - Passionate
 - Recommended resources flipchart
 - Rules of Engagement

Intro activity: Defining digital

Intro activity and lead in to the first activity on language. Ask the participants: what does digital mean? Allow them to call out answers and encourage as much discussion as possible. Write key words and phrases on a flipboard then see if it's possible to come up with a definition that everyone agrees on. (It may not be, and that would be an interesting outcome in itself.)

Duration: 15 minutes

Themes: Language, barriers

Objective: To show that everyone has their own idea about what technology and digital means, and that producing a definition is difficult. The activity is also to get people talking and gauge what sort of level each person is at.

Materials: Flipboard

Activity: Check the attitude

Place a range of emotive words on a table – things like 'exciting', 'difficult', 'life-changing' and 'frustrating'. Ask the participants to place dots on the words that they feel represent their own attitudes towards digital. They should consider technology that they use both in and outside of work. Now ask them to put a different colour dot on the words that they feel represent their patients' attitudes towards digital. How do the two sets of results compare?

Duration: 20-30 minutes

Themes: Language, barriers, personal touch

Objective: To get participants to think about how their own view of using digital might impact their patients. If they have a negative emotional response, they are not in a good position to inspire others to give digital a try.

Materials: Index cards or Post-it notes, sticky dots.

Activity: How digital are you?

First Iteration (workshops 1 and 2): Start by asking participants to put themselves on a scale according to how much they think they are currently engaged with technology. Ask group to think about and write down on Post-its the digital interactions they do every day. The interactions should be both work-related and things that they do outside of their job, including using social media. Get the participants to share their interactions by putting the Post-its on the wall. Chances are, there will be more than they thought there would be. Ask them to try and group the interactions in some way – could be things like work, home, social, life admin. Finally, go back to the engagement scale from the start. Would they like to change where they placed themselves?

Final iteration (workshop 3): In our third and final workshop, we changed this activity to focus on patients. In the first two workshops, we found that almost all participants considered themselves to be very engaged with technology. So this time round, we asked them how engaged they felt their patients were. We also changed the labels on the scale to Unaware > Interested > First timer > Regular > Passionate. Participants were then asked to come up with solutions that would help their patients move up to the next level. We made it clear that the process would be very much one step at a time. Patients would not go from Unaware to Passionate – it's about moving them slowly along the journey in ways that they can manage and are comfortable with.

Duration: 30 minutes

Themes: Personal touch, show don't tell, myth busting

Objective: People often think digital is not for them or that to tell others how to use digital they have to be experts.

Likelihood is they make many digital interactions every day.

This activity will build confidence and help them see that they have knowledge that they can pass on.

Materials: Post-its

BREAK

Activity: Making it real

Split into three or four groups depending on numbers. Provide real scenarios faced by real patients. Ask the groups to come up with at least two ways that technology – however minimal or limited – could help the patients. Genuine case studies will help show that solutions are possible, even when the patient faces very difficult circumstances. Encourage lots of discussion as the groups share their responses. Provide examples of people who are using technology and digital skills to improve their life and manage their long-term health.

First iteration (Workshop 1): In the first workshop, we showed participants one fictional, written case study. While the activity went well, the group focused on older patients, which we decided could have been because the person in the case study was 76 years of age.

Second iteration (Workshops 2 and 3): Building on feedback from the test bed team, we introduced a second case study for workshops two and three. This case study featured a younger patient, which helped broaden the conversation and remind participants that young people are also affected by long-term conditions.

Third iteration (Workshop 3 only): The first two workshops saw participants come up with good solutions to each patient's problems. For workshop three, we combined their suggestions with the expertise of the test bed team to offer some suggestions. That included online services, apps and other useful information that participants could note down and take away. We felt that this would give participants something more tangible to take away from the activity.

Duration: 30–40 minutes

Themes: Show don't tell, barriers

Objective: To get participants thinking about digital solutions to real-life situations, and to get them talking about possibilities with each other.

Materials: Post-its, scenarios and case studies, either video or presentations

BREAK

Activity: Help yourself

Ask the participants which reliable online services they are currently aware of and would recommend to patients. Add examples to a flipchart as they shout them out. Can they share specific scenarios where patients might be able to help manage their own condition online? Encourage lots of discussion and make sure participants are sharing information with each other. Accept that the conversation may lead to them talking about problems patients have accessing the internet – be prepared to suggest places like libraries, coffee shops etc. Also remind them that it's good for them to know where to send the patients that do have even some access to the internet.

Duration: 20–30 minutes

Themes: Peer support, barriers

Objective: Show participants the number of places patients can get reliable information online and encourage them to share knowledge and examples with each other.

Materials: Flipchart, maybe screen and internet access.

Activity: These three things

This makes a good activity to finish the workshop on. Acknowledge that, as with all workshops and training, there is a lot to take in over a short period of time. But also make it clear that the aim is for participants to go away and make a tangible change to the way they work. Ask them to write down three practical things that they can do following the workshop. The tasks can be big or small, from showing a patient NHS Choices to running a training session with their own team. When finished, ask each person to share their tasks and then pick the one that they think they can do first. Finish up by quickly offering our own three things that we want participants to take away from the workshop.

Duration: 15–20 minutes

Themes: Barriers, peer support, personal touch

Objective: To make sure participants leave with a realistic, practical to do list and to focus the end of the workshop on its key messages. The activity should help the session end with a feeling of positivity, action and momentum.

Materials: Post-its, presentation slide

Encourage attendees to add their feedback at the end of the session on feedback flipcharts and post-its.

CLOSE

Activities that were dropped

Activity: It's good to talk

First iteration (Workshop 1 only): Ask the participants to list the different places that they communicate with their direct colleagues, both online and offline. Is there a place that everyone agrees on as a place to share and disseminate information? If so, suggest ways that they can begin to share knowledge about using digital with patients. Present alternative ways that they might start to communicate, such as Whatsapp, Tynletter, Slack or a closed Facebook group. Provide an example of the minimum a participant might need to get started, which might include an agreed set of rules for communicating.

Rationale for removing: With time tight, we decided to combine this activity with Help Yourself. Essentially, both activities are about sharing and discovering useful resources to help participants in their daily practice. The combined activity simply splits the four into two sections. First, participants cover resources that are available to patients and that may help them with their long-term condition. Second, participants share the resources and methods of communicating that are useful specifically to them and their colleagues.

Duration: 15-20 minutes

Themes: Peer support

Objective: Encourage participants to go away and do something practical that will help them communicate with colleagues.

Materials: Flipchart, maybe screen and internet access.

Activity: True or false?

A simple exercise where participants work in groups of two or three. Each group is given the same series of statements and an A3 piece of paper, which has two headings – true and false. Ask the groups to discuss each statement and decide whether it is either true or false. They should put the statements under the relevant headings. When finished, ask each group to share and explain their decisions. Give them the correct answer and ask them to keep track of how many they got right and wrong. Feel free to encourage a little competition!

This activity didn't make it to the first workshop. With a limited amount of time, we felt that something had to go and that this activity would have least impact on participants. We also felt that the kind of 'true or false' questions we could ask them would be likely to come up as part of the group's general discussion anyway. This proved to be pretty accurate.

Duration: 15–20 minutes

Themes: Myth busting, barriers, show don't tell, peer support

Objective: To question participants' assumptions and dispel and myths that may have previously stopped them using digital in their work. It will also give them up-to-date knowledge and facts that they can share with colleagues and patients.

Materials: A3 paper, written statements (on post its or index cards)