

Icebreakers & Openers

#1: Brick Barriers Icebreaker

Intended use

The “brick barriers” icebreaker is designed for use in small groups (about five to 10 participants), as a means of introducing the discussion of barriers to a desired health behavior. The following example will use the desired health behavior “exercise” and related barriers, and the group might be comprised of adults seeking information, skills and support to help them manage a chronic disease, such as diabetes or high blood pressure. This sort of workshop might take place through a health-focused community center or through a hospital’s health and wellness programming. Educational activities following the icebreaker would focus on exercise recommendations for people with chronic disease and a discussion of how to overcome the barriers identified during the icebreaker.

Materials needed

- Easel, white board or chalk board with the desired health behavior (exercise) written across the middle in large letters (see example to right)
- Index cards (one per learner, plus a few extra)
- Markers (one per learner)
- Tape



Instructions

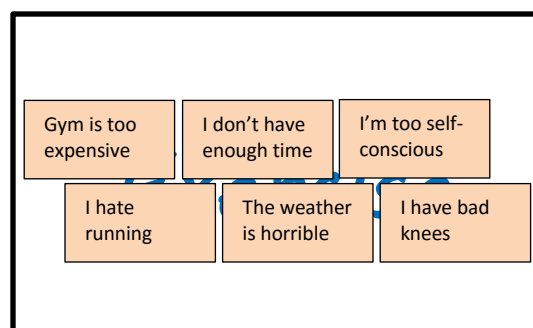
1. Introduce the topic. Provide a brief explanation of the importance of the health behavior, and explain that the day’s discussion will focus on barriers to that health behavior.

Example: We all know that we’re supposed to get exercise. It has tons of benefits: it can help us look and feel better, control our blood pressure and keep our blood sugar in check. But somehow, getting enough exercise can be a real challenge, right? Today, we’re going to talk about some of the things that keep us from getting enough exercise.

2. Pass out the index cards and markers (one of each per learner).
3. Introduce the icebreaker and provide instructions, including participation guidelines. Ask learners to think about the barriers that prevent them from accomplishing the health behavior. Then, explain that the learners will take turns sharing one of their barriers to the health behavior. They will, one at a time, write their barriers on the index cards and post them on the board. Explain that each barrier needs to be unique (no repeats), and suggest that if their barriers have already been presented, they might provide barriers with which they've seen others struggle. Finally, offer a couple of basic participation guidelines: that each person should contribute at least one barrier and that there are no wrong answers.

Example: Think about some of the things that get in your way of exercising. One-by-one, I would like you to each share one of those barriers with the group. Write that barrier on your index card, and we'll tape it up on the board. I would like each person to share a different barrier. If we get toward the end and all of your ideas are already on the board, think about some of the things that you've seen friends or family members struggle with when it comes to getting enough exercise. There are no wrong answers here! Everybody has different experiences and struggles. Right now, we just want to identify what some of those struggles are in regards to exercise.

4. Guide learners through the icebreaker. Ask for a volunteer to begin. If no one volunteers, choose to start on one side of the room. Have the learners, one at a time, present their barriers to the group, write them on the index cards and post them to the board. When posting the index cards to the board, cover the health behavior as if you were building a wall with the index cards (see example below).



Throughout the icebreaker, provide encouragement to learners (*Example: Not having enough time, that's a big one!*), and encourage learners to support one another (*Example: I have trouble with that, too!*). If a learner is not able to come up with a unique barrier, encourage his/her fellow learners to provide suggestions.

Once each learner has had a chance to post a barrier, ask if anyone would like to add any barriers that have not been shared yet. Use the extra index cards to add these to the board as well.

5. Summarize and reflect upon the icebreaker. Observe that the group has listed several barriers to the health behavior, and point out that many in the group may relate to more than one of those barriers. Explain that the session will address ways to overcome those barriers to the health behavior.

Example: You all have provided a great starting point for our discussion about exercise. These are things that keep a lot of people from getting enough exercise, and probably some of you can relate to more than one. I know I can! And as you can see, having all of these things in the way makes it difficult to get to that exercise that we all need. Today, we'll talk about some of the recommendations for exercise, like how much exercise we should really be getting, and we'll put our heads together to come up with ways to break down some of these barriers to exercise.

6. Remove index cards from the board to correspond with the discussion of overcoming each barrier. Work to address all of the barriers so that the “brick wall” is gone and the health behavior can be read by the end of the session. Conclude the session by pointing out that the group has found ways to break down all of the barriers they had listed at the beginning of the session.

Rationale

The “brick barriers” icebreaker sets the stage for a collaborative discussion and problem solving regarding barriers to a desired health behavior, such as exercise. Learners may feel insecure about discussing personal struggles, and creating a safe and motivating learning environment in which they may do so is critical. This icebreaker attempts to create such an environment by touching on each of the

four constructs of Wlodkowski's and Ginsberg's Motivational Framework for Culturally Responsive Teaching (Wlodkowski, 2004): establishing inclusion, developing attitude, enhancing meaning and engendering competence.

On establishing inclusion, Wlodkowski (2004) observes, "Adults feel connected in a group when they share a common purpose" (p. 147). In the icebreaker demonstrated above, all learners work collaboratively to identify barriers to exercise, many of which will be relatable to more than one learner. This establishes an immediate sense of connectedness among the group. Everyone is encouraged to participate, and the facilitator explains that there are no wrong answers. This engenders a sense of mutual respect and acceptance, which is vital to the ensuing discussion of how to overcome the barriers. Learners must be able to discuss their struggles openly with the group in order for the session to be effective.

The icebreaker further aims to create a motivating learning environment through its development of attitude. According to the Framework, attitude is developed through choice and personal relevance (Wlodkowski, 2004). The barriers that learners present in the icebreaker drive the focus of the discussion for the remainder of the session. Learners exercise choice by determining which barriers they wish to discuss, and because the learners are asked to share barriers that they themselves have faced, they are guaranteed to find at least portions of the following discussion to be very personally relevant.

One strategy that Wlodkowski recommends for enhancing meaning is "posing a problem," (2004). In the example above, learners essentially pose the problems themselves by sharing their barriers to exercise. The discussion that follows the icebreaker will engage and challenge the learners as they collaborate on solutions to overcome the barriers that they identified. In this way, the icebreaker sets the stage for a meaningful learning experience.

Finally, the need for learners to feel a sense of competence throughout and as a result of the learning experience is paramount. Per the example above, learners should leave the session with a heightened sense of efficacy in their abilities to overcome barriers to exercise. The icebreaker allows opportunities for the facilitator to provide feedback to learners, setting a tone of competence early in the session. The facilitator will need to continue providing feedback throughout the discussions that follow.

Productive learning experiences around sensitive, personal topics such as the barriers to health behaviors can only occur in safe and motivating learning environments. The icebreaker described and demonstrated above establishes such an environment by creating a sense of connectedness between learners and ensuring personal relevance. This sets the stage for learners to participate in a productive discussion, solving shared problems and building competence.

#2: Acute Reflection Opener

Intended use

The “acute reflection” opener is designed for use with a small to medium group of healthcare professionals (about 10 to 30 learners). This opener aims to spark critical reflection among learners while introducing the topic of plain language communication. The educational activities following this opener would establish the importance of plain language communication in patient-provider interactions and provide plain language communication strategies.

Materials needed

- Paper (1 piece per learner)
- Writing utensils (1 per learner)
- Drawing instructions
- Sample drawing (see page 9)

Instructions

1. Conduct this opener after welcoming learners and before introducing any content.
2. Begin by creating a slight sense of urgency. This is designed to mimic the quick pace of healthcare appointments and to help deter questions from learners.

Example: We've got a lot to cover today in a short amount of time. Let's get started with a quick exercise.

3. Pass out paper and writing utensils to learners.
4. Guide learners through the opener. Ask learners to complete the tasks outlined in the Drawing Instructions (below), in order. Read each instruction clearly, and move quickly from one instruction to the next. Do not repeat any instruction more than once, and do so only upon request.

Drawing Instructions

1. On your paper, draw a quadrilateral with sides of equal length.
2. On top of that, draw an isosceles triangle with a base that is slightly wider.
3. Below the triangle, draw another quadrilateral, with a width about half its height. Be careful to make this quadrilateral no taller than half the height of the side of the first quadrilateral.

5. Ask learners to show their drawings to the group. The drawings should be somewhat varied. Hold up the Sample Drawing for comparison. Ask learners to consider how close (or far) they were from the intended result of the Drawing Instructions. Ask learners what would have made them more likely to produce a drawing like the Sample. If learners do not offer these on their own, suggest: knowing that they were drawing a house, using more common terms like "square" rather than "quadrilateral with sides of equal length," and having more time to process the instructions.

Example: Okay, everybody hold up your drawings so we see how different they all look. How did you all do? This Sample shows the intended result of the instructions. Are your drawings pretty close? What made this exercise challenging? Would it have helped to know that your goal was to draw a house? Would it have been easier if I had used more common words like "square" instead of geometry terms like "quadrilateral with sides of equal length?" Did you feel like you had enough time? If you were giving the instructions, what would you have done differently?

6. Summarize and reflect upon the opener. Explain that just as the learners have varying familiarity with geometry terms, patients have varying familiarity with healthcare terminology and medical jargon. Ask learners to imagine how unsettling it might be if they had this experience during a visit to their doctor in which they received medical information. Suggest that, combined with the sense of urgency of many medical appointments and the anxiety that some patients feel in the healthcare setting, it's understandable that patients may not grasp all of their providers' instructions. Explain that clear communication is critical if providers want to ensure that their patients understand the information and instructions they are providing. Use this to introduce health literacy and plain language communication.

Example: Each of you probably has a different comfort level with the geometry terms I used, but even if you recognized them, they're probably not terms that you use every day. You may have needed a little more time to think about those terms than you would for other terminology, say, medical terminology, which you use all the time. Just as the geometry terms felt a little foreign to you, the medical terms that we are so familiar with often feel a bit foreign to our patients. Imagine if you had this sort of experience during a medical appointment, when your doctor was trying to convey important medical information. Consider, too, that medical appointments tend to be fairly quick and that many patients come in feeling a bit anxious already. Can you see why it is so critical that we take time to communicate clearly with our patients? Today, we're going to explore some of the issues around health literacy and some strategies for plain language communication.

Rationale

The “acute reflection” opener offers a “table-turning” simulation to help learners contextualize the health literacy concepts and plain language communication strategies presented throughout the remainder of the session. The opener enhances the meaning of the material and encourages critical reflection.

According to Wlodkowski (2004), meaning is enhanced by engaging and challenging learners. The opener engages learners by asking them to participate in a series of tasks, and it challenges learners by presenting those tasks in unfamiliar terms. This simulates the experience a patient might have receiving

instructions fraught with medical terminology, and provides learners with context for the material to follow.

At the end of the opener, learners are asked to consider how this experience relates to communicating with patients. Healthcare providers often become so comfortable with their area of medicine and its jargon that they lose sight of how foreign it may be to their patients. Providers may need to shift their frames of reference in order to better understand the patient experience and improve their communication skills. In his explanation of transformative learning, Mezirow (1997) states, “We transform our frames of reference through critical reflection on the assumptions upon which our interpretations, beliefs, and habits of mind or points of view are based” (p. 7). This opener aims to spark that critical reflection.

Learners who internalize their experience during the opener will be more motivated to learn and more receptive to the health literacy concepts and plain language communication strategies presented following the opener.

References

- Mezirow, J. (1997). Transformative learning: Theory to practice. *New Directions for Adult and Continuing Education, 74*, 5-12.
- Wlodkowski, R. J. (2004). Creating motivating learning environments. In M. W. (Ed.), *Adult Learning Methods: A Guide for Effective Instruction (3rd ed.)* (pp. 141-164). Malabar, FL: Krieger Publishing Company.

Sample Drawing

