



Using Universal Design for Learning in Client Education Interventions

Learning Objectives

By the end of this activity, the successful learner will:

1. Describe key tenets of Universal Design for Learning as they relate to client education.
2. Develop client education materials and interventions consistent with the principles of UDL.
3. Plan and implement effective and client-centered education interventions.

Assignment Instructions

1. Watch the following three videos of Janita (Patient Record #027):
 - **Femur Fracture, 5 weeks post-surgery: Safety During Meal Preparation, Part 1**
 - **Femur Fracture, 5 weeks post-surgery: Safety During Meal Preparation, Part 2**
 - **Femur Fracture, 5 weeks post-surgery: Safety During Meal Preparation, Part 3**
2. Reflect on the questions below relating to (Part 1) safety strategies, (Part 2) energy conservation, and (Part 3) fall risk reduction.

Part 1: Safety Strategies

(Reflect after watching the first video.)

1. What are the barriers to client learning during the session?

- Janita does not have direct line of sight when clinician demonstrates safety techniques at the refrigerator, thus limiting *engagement*.
- The clinician utilizes the *representation* UDL guideline (giving information) heavily in this video and does not allow Janita to act on new knowledge or express knowledge (*action and expression*).
- The therapy session occurs in a simulated environment, possibly limiting generalization of relevant information and techniques to the client's home environment (*action and expression*).

2. How does the clinician support client learning during the session?

- He provides good examples and demonstration of how to support safe use of the walker in the kitchen (*representation*).
- He organizes education and strategies well to facilitate safe navigation of the kitchen for the cooking task (*representation*).
- He provides an opportunity for Janita to teach back the safety strategies during a transfer from a sitting to standing (i.e.: "What do you have to do before you get up?") (*action and expression*).
- He discusses and demonstrates consequences of unsafe behaviors (i.e.: natural consequence of the walker tipping when reaching into the cupboards) (*representation*).
- He reinforces Janita's strategy of bracing her forearms on the sink while washing dishes (*action and expression*).

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3. Consider how the UDL guideline of **Engagement** is addressed in the video.

a. How does the clinician motivate the client?

- He allows Janita to choose and make her own recipe.
- He maintains therapeutic use of self and rapport with Janita that invites and supports learning.
- He pairs demonstration with verbal instructions prior to client performance.

b. What other strategies could be employed to maximize client participation?

- Ask Janita to recall safety and energy conservation strategies for kitchen use prior to demonstration to engage her in critical thinking and assess carry-over from prior sessions.
- Engage Janita in discussion of her home environment (kitchen) and safety concerns to ensure investment in safety upon discharge.
- Integrate safety and energy conservation strategies that were used in other relevant environments in prior sessions (i.e.: bathroom and/or bedroom).

4. Consider how the UDL guideline of **Representation** is addressed in the video.

What other methods could be used to instruct the client about energy conservation and safety?

- Use graphic images or written handouts that instruct on safety strategies and energy conservation techniques.
- Vary auditory communication styles (i.e.: upgrade or downgrade amount of verbal information provided).
- Increase the use of guided questions throughout the session (such as “why are you supporting on your elbow?” at sink).
- Activate background knowledge of safety precautions including mobility and footwear through questions in addition to statements or instruction.

5. Consider how the UDL guideline of **Action/Expression** is addressed in the video.

a. What else could be done to ensure that Janita understands the instructions?

- Increase the use of teach back methods, in which the client states the concepts in their own words, allowing the clinician to confirm or correct.
- Ask Janita to discuss how safety strategies could be employed for a more complex recipe.
- Ask Janita to demonstrate each step of the process as a simulation after each instruction or demonstration, rather than instructing in multiple steps before she stands.

b. How could the clinician ensure carry-over into the home setting after discharge?

- Janita could describe differences in the clinical and home environments and then explain how each task could be done in her home kitchen.
- Janita could describe where items used for cooking are stored in the home environment, and then the clinician could place them similarly in the clinical environment.

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Part 2: Energy Conservation

(Reflect after watching the second video.)

6. How does the clinician support client learning during the session?

- He effectively uses therapeutic use of self.
- He engages Janita in a valued and familiar activity.
- He effectively reads and responds to non-verbal cues (i.e.: identifying when a break is needed and using that as a teachable moment).
- He uses teach back strategies and guided questions for generalization of learning during transitions between sitting and standing.

7. Consider how the UDL guideline of **Engagement** is addressed in the video.

a. How does the clinician motivate the client?

- He applies parts of the task (such as moving things in the kitchen) to real world tasks.
- He promotes reflection of safety and energy conservation techniques that can be generalized to new situations.

b. What other strategies could be employed to maximize client participation?

- Upgrade the recipe to a more complex and/or time-consuming task to increase motivation.
- Encourage Janita to share the food with others to increase motivation.
- Ask Janita to generalize safety and energy conservation strategies to other valued occupations, such as ADLs or valued IADLs.

8. Consider how the UDL guideline of **Representation** is addressed in the video. What other ways could the client be instructed about energy conservation and safety in the video?

- Have Janita view videos of other people completing IADLs and critique their performance in the areas of safety and energy conservation.
- Activate Janita's background knowledge by describing similar energy conservation principles that she has used at home in the past.
- Include other valued occupations in interventions that incorporate safety and energy conservation strategies.

9. Consider how the UDL guideline of **Action/Expression** is addressed in the video. Other than verbal recall, what other ways could the client demonstrate their ability to generalize knowledge?

- Assist Janita to create a handout of energy conservation techniques relevant to her home situation.
- Integrate more complex tasks to ensure demonstration and learning of energy conservation techniques.
- Assess learning by having Janita teach the clinician to use safety and energy conservation in a simulated activity.

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Part 3: Fall Risk Reduction

(Reflect after watching the third video.)

10. How could the additional information (e.g., removal of throw rugs and cables on the floor) be presented to ensure generalization at home?

- Set up fall risks in a various clinical environments and ask Janita to identify and correct them.
- Provide scenarios where fall risks exist in the client's home environment and facilitate methods to identify and remove those risks.
- Educate family members and friends on fall risk reduction and home safety.
- Ask Janita to create a handout from a menu of choices to customize it for her home roles and responsibilities.

11. During the session, the client was asked to identify the most important thing learned. What additional questions might be posed to the client? Why?

- What was the primary safety technique that was used to retrieve items from the refrigerator? In what other activities at home will you use this same technique? (Ask Janita to think about opening closet doors or her front door, for example).
- What other kitchen tasks performed today used some of the same techniques as retrieving items from the refrigerator? (She may report using stable items for support during washing dishes, reaching into cabinets, or obtaining bowl).
- Since walking is important to you, what other activities you perform at home require walking? What are the safety risks for those activities? (This may include retrieving clothing from closets or dresser, arranging hygiene items in her bathroom).
- Would you benefit from any adaptive equipment at home, such as the walker basket? (Discuss safe transport of items throughout ADL and IADL tasks, considering her roles and responsibilities).
- What is energy conservation important? What is fall risk reduction important?