

Designing and Delivering Effective Medical-Legal Partnership Trainings for Healthcare Team Members

By Kate Marple, Principal Consultant, Who Tells the Story?

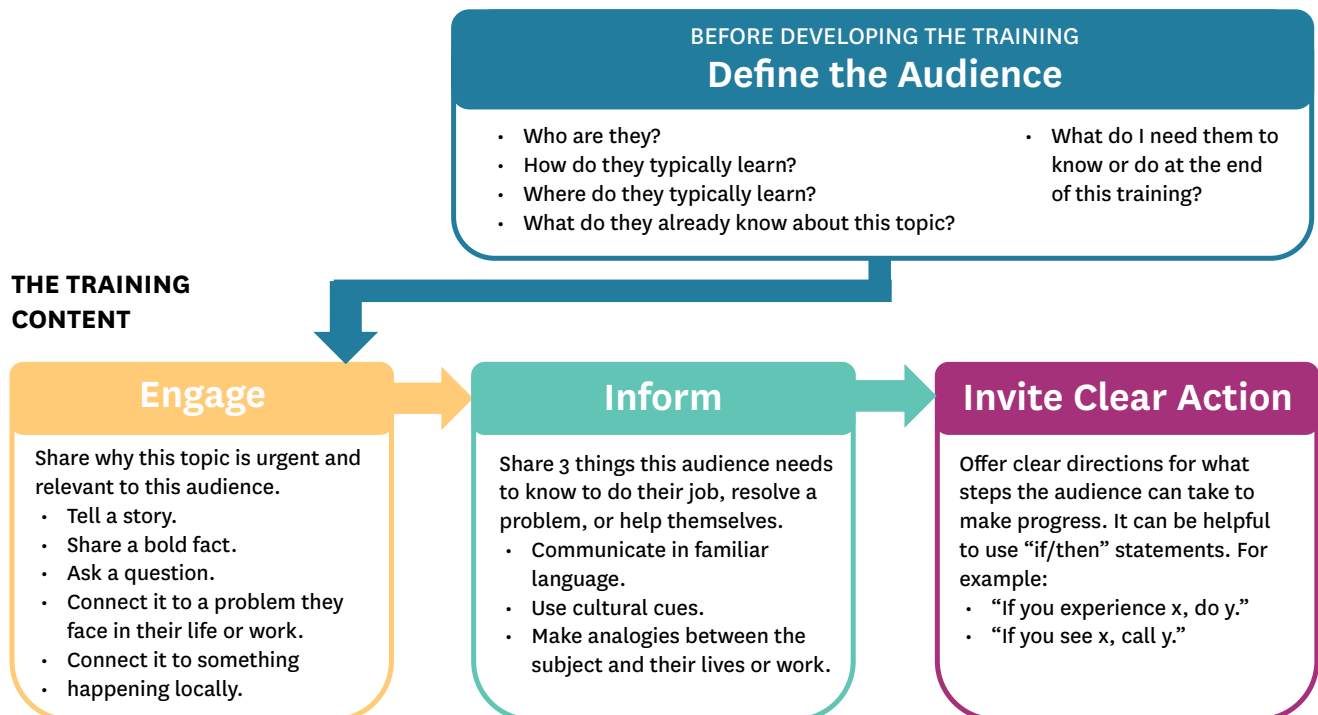
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Ongoing training is a critical component of success in a medical-legal partnership (MLP). One aspect of that training focuses on helping healthcare team members strengthen their ability to identify patients' social needs and learn to make effective referrals to the MLP legal team. In 2023, as part of its Health, Housing, and Justice: MLP Initiative, Kaiser Permanente (KP) created a series of 20-minute housing trainings with the goal of standardizing trainings across markets and responding to healthcare team members' requests for shorter, simpler trainings that utilized visuals, reduced legal jargon, and provided clear action steps.

This tool builds on the learnings from that training series to help MLP teams anywhere develop trainings for healthcare care teams on other topics using the same format utilized in the series (see Figure 1). After selecting a training topic, MLP teams can use the worksheet on pages 2-7 to identify, prioritize, and simplify the content to meet the healthcare team members' learning needs. Pages 8-9 share additional training best practices.

FIGURE 1. Four Steps for Creating Effective Trainings

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Learn more about [this training methodology](#).

MLP Training Design Worksheet

Answer the questions on pages 2-7 as specifically but as simply as possible. Your answers to these questions will form the basis of the content for your training. Build the training so it starts with the **engage** content, moves to the **inform** content, and ends with the **invite clear action** content.

What is the topic for this training?

Gather Background on Your Audience

AUDIENCE QUESTION 1:

Who will be in the room? (e.g., How many people? What professions? Are they familiar with MLP or not?)

AUDIENCE QUESTION 2:

What do they already know about this training topic? How do they encounter it (if at all) in their work?

AUDIENCE QUESTION 3:

What do you need them to know or do at the end of this training?

AUDIENCE QUESTION 4:

How do they typically learn? (e.g., In what setting? Are they used to interactive sessions? Do they prefer experiential learning where they get to practice what they are learning? What types of tools and resources do they typically refer back to after trainings?)

AUDIENCE QUESTION 5:

What aspects of your audience's existing knowledge and language can you tap into? How can this topic be described in healthcare terms? What is the legal issue you are training on analogous to in the health care world or on the healthcare team?

Example from the Eviction Proceedings training:

- *Housing notices require “primary care” prevention. It’s a warning sign that could indicate risk of eviction.*
- *Housing summons require “emergency care”. Legal action has been taken against the person. Eviction proceedings have begun.*

How to Use Audience Information to Shape the Training

- Trainings should be built around what the audience needs to know or do when they leave the room (i.e., the training goal). Include only information that speaks to and serves the identified goal.
- Understanding how someone typically learns gives trainers insights into the types of materials to create and how to structure the training—whether to ask lots of questions, include activities, show graphics, walk through case studies, etc.
- Developing analogies that compare the topic or service to things the audience is already familiar with will help ensure the audience can best process the information. Work with health-care partners to develop these analogies.



Generate Training Content

Part 1: Engage

Share why the topic is urgent and relevant for this audience.

ENGAGE QUESTION 1:

How would you describe this topic as simply as possible? What is it? (e.g., A protection? A benefit?) What are the stakes? (i.e., What does someone have to lose or gain?) The answer should NOT include a detailed description of a law and all its exceptions.

ENGAGE QUESTION 2:

How does this issue affect health and/or health care?

Example from the Eviction Risk training: Eviction increases someone's risk of depression, poor birth outcomes, high blood pressure, and other negative health outcomes. [See other examples here.](#)

ENGAGE QUESTION 3:

Why is this issue urgent?

Example from the Eviction Proceedings training: The end of COVID eviction moratoriums means you're going to see an increase in patients facing threat of eviction.

Generate Training Content

Part 2: Inform

Share what this audience needs to know how to do in order to identify this issue in patients and make quality referrals (or achieve whatever the goal is for this training). People will only remember 1-3 things from a training; trainers should be clear on what they want those things to be and emphasize them.

INFORM QUESTION 1:

What are the different facets of this problem that a patient might face?

Example from the Habitability training: *Habitability includes many things. Landlords are responsible for providing functioning, safe utilities and appliances; a structurally safe unit; a mold-free environment; and a pest-free environment.*

INFORM QUESTION 2:

How might a patient present with this issue? What keywords might a patient say that indicates this problem? Are there physical symptoms that might suggest a patient has a problem with this issue? What screening question(s) should healthcare team members ask?

Example from the Eviction Risk training: *A patient might say:*

- “I’m behind on rent.”
- “I got a paper in the mail from my landlord (or property manager). I’m not sure what it’s about.”
- “I’m looking for housing.”

Example from the Habitability training: *Physical symptoms, such as elevated blood lead levels in children or sudden respiratory problems, may be signs of habitability issues.*

INFORM QUESTION 3:

What affects eligibility broadly?

Example from the Reasonable Accommodations training: People with apparent disabilities (e.g., uses a wheelchair) and non-apparent disabilities (e.g., has a psychiatric condition) are entitled to accommodations.

INFORM QUESTION 4:

What are the most pressing things healthcare team members need to know to make sure the patient gets help? For example, will a process take a particularly long time? Is a benefit hard to get back if it is lost? Are there different rules, benefits, procedures depending on the type of housing someone lives in?

Example from the SSI / SSDI training: The application process is lengthy and can take up to a year. If benefits are approved, back pay will be calculated.



Generate Training Content Part 3: Invite Clear Action

Share clear, specific next steps this audience should take regarding this topic. Consider putting action steps in if/then statements: “If x, then y.” Be clear if different scenarios require different responses. Depending on the topic, there might not be information to share for each of the questions below.

ACTION QUESTION 1:

What can (and can't) the legal team help with?

Example from the SSI / SSDI training: The MLP legal team can answer providers' general questions about these benefits, but can't take referrals for benefit denials (in some markets).

ACTION QUESTION 2:

When should a healthcare team member make a referral to the MLP legal team? When should they do a Curbside Consult?

Example from the Evictions Proceeding training: If your patient was served a summons, refer them to the MLP legal team through [name of referral platform]. If you have a question about the eviction process or whether the MLP legal team can help, do a Curbside Consult.

ACTION QUESTION 3:

When (if at all) should a healthcare team member connect a patient with a community or other legal resource?

Example from the SSI / SSDI training: If a patient has been denied these benefits or lost them, refer them to [insert info for other local legal resource.]

ACTION QUESTION 4:

Is there anything else a healthcare team member may be asked to do around this topic?

Example from the Reasonable Accommodations training: Obtaining an accommodation requires documentation from a medical provider—a specific form for public housing and a general support letter for private housing. (A separate slide details tips for writing a strong medical support letter.)

ACTION QUESTION 5:

Are there any steps patients could take to help themselves?

Example from the Habitability training: If there are habitability issues, tenants can help themselves by notifying their landlord of problems in writing, taking pictures, and keeping copies of everything.

Turning Worksheet Answers Into PowerPoint Slides

- PowerPoint slides should enhance learning. Instead of text-heavy slides that repeat what the presenter is sharing verbally, think about using slides to share powerful images, reinforce key takeaways, share relevant diagrams or graphs, and highlight key information the audience might need to reference after the training, such as website addresses, phone numbers, and/or specific information about workflows.
- For a brief 20-minute training, try to limit yourself to 3-5 PowerPoint slides (1-2 slides for each section of the worksheet) and put them in order of the sections: engage, inform, and invite clear action.
- Review the MLP housing training series for PowerPoint ideas.

8 Tips for Delivering Effective MLP Trainings for Healthcare Team Members

01

Share information that healthcare team members need to know to identify a legal issue and/or make quality referrals, but **DON'T** try to turn healthcare team members into lawyers.

It's not a healthcare team member's job to represent someone in court or "treat" the legal issue. They only need as much information as will help them quickly detect legal issues and refer a patient to a legal specialist (i.e., the MLP legal team). Sharing the intricacies of specific laws will overwhelm and distract healthcare team members from what they really need to know. **And remember that while lawyers are trained to the exception, healthcare team members are trained to the rule.** Share the most common scenarios during trainings and use Curbside Consults over time to answer questions about specific scenarios that may differ from the norm.

02

Start with **why** the issue is urgent and relevant to healthcare team members' work and patients.

People are more likely to pay attention and invest in new information when they first understand why it is relevant to their work, lives, and/or mission. Kick off trainings by helping healthcare team members understand **why** a particular issue is pervasive in their community right now, how it is affecting patients' health and access to health care, and/or how this issue is preventing healthcare team members from focusing on their work as healthcare providers. Some of the best ways to engage people quickly are by telling stories or asking them questions.

03

Explain information in healthcare team members' language.

People learn new information best when it is built upon an existing foundation. In other words, people process information better when it is explained in language, cultural cues, and analogies they are already familiar with. MLP legal teams should invest in learning healthcare team members' terminology and systems and explain legal issues and referral workflows through analogies that healthcare team members will immediately recognize.

04

Use visuals that enhance learning and reinforce key takeaways, but **DON'T** create too many PowerPoint slides or include too much text on each slide.

Visuals can be critical to explaining complicated concepts, demonstrating workflows, and reinforcing key takeaways. But PowerPoint slides can become distracting and counterproductive when they include information not directly relevant to the goal of the training or when they feature paragraphs of text that the presenter reads from verbatim. Limit yourself to 3-6 PowerPoint slides per training and use visuals to reinforce key takeaways, share relevant diagrams or graphs, and highlight key information the audience might need to reference after the training, such as website addresses, phone numbers, and/or specific information about workflows.

05

Ask a healthcare team member to review the training content in advance and join as a co-presenter.

It's always a good idea to have someone who represents the training audience—in this case a healthcare team member—review the training content in advance. They will be able to flag legal jargon and things that don't make sense, highlight places where more or less information is needed, and share ways to root learnings more strongly in language and systems familiar to the audience. Including a healthcare team member as a co-presenter can also lend credibility to the information being shared, allow them to share their perspective on the issue, and give attendees the chance to hear from someone who shares their experience.

06

Invite healthcare team members to share their stories and positive MLP experiences as part of each training.

If you ask anyone who they are most likely to believe in any situation, most people answer, "someone like me." An important way to build buy-in in the MLP program and to increase referrals is for healthcare team members to hear from their peers about their experiences making referrals and how the MLP legal team was able to answer their questions or solve issues for patients. It's important to regularly make time and space for healthcare team members to share their experiences at every training session so that other healthcare team members can see themselves in their colleagues' experiences.

07

Deliver trainings when and where healthcare team members are used to learning.

Trainings do not have to be long nor do they have to be standalone sessions scheduled just to talk about MLP. In fact, it is often better if brief information is shared in settings where healthcare team members are already used to gathering and learning. Trainings can take place in a [variety of settings](#)—from Curbside Consults to MLP Office Hours to clinical team huddles. Meet people where they are and, wherever possible, don't add additional meetings to people's schedules. Brief, frequent touchpoints are more effective than occasional, lengthy sessions.

08

Circulate a brief post-training survey and use the results to improve future trainings.

Feedback is critical for improving trainings. It's a good practice to administer simple, post-training surveys to get a sense of what is working well and could be improved upon. MLP teams can get ideas about the types of questions to ask from [the post-training survey](#) used during the Kaiser Permanente Health, Housing, and Justice training standardization project. For the highest response rates, MLP teams are encouraged to gather feedback through an electronic tool. If an organization does not already have a paid subscription to a program like SurveyMonkey, they can use a free tool like Google Forms to create the survey. It can be helpful to distribute the survey at the end of the training and give people time to complete it before they leave. Share both a URL link as well as a QR code on slide that participants can scan and complete on their phones or tablets. Google Forms allows users to generate free QR codes.