

# patient education MANAGEMENT

Note: New  
CNE/CME  
procedures.  
See p. 83 for  
details.

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

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## IN THIS ISSUE

- Your role in health literacy initiatives . . . . . cover
- Create documents to provide direction in health literacy . . . . . 76
- Improve health literacy with good teaching techniques. . . . . 79
- 19 literacy resources for, training, guidelines . . . . 81
- Computer-based video simulation on infection prevention. . . . . 83
- Registrars educate patients about insurance coverage. . . . . 84

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**AHC Media**

## You can be more than a go-to person for advice on clear communication

*Take the leap and lead health literacy improvements*

*[Editor's note: This issue includes the second part of a two-part series on health literacy. Last month we covered a report issued by the Agency for Healthcare Research and Quality (AHRQ) about the impact of low health literacy on older Americans and also the impact on more frequent use of the emergency department, the likelihood of getting a flu shot, and having a mammogram. This month we look at two institutions that got a head start on addressing health literacy by creating teams chaired by patient education managers, selecting areas of focus, and making sure initiatives went systemwide. We also cover an oral contraceptive health literacy project we well as the role of literacy and dialysis.]*

To address the issues of health literacy, St. Vincent Charity Medical Center in Cleveland, OH, made a radical move. It abolished its patient education committee and formed the Health Literacy Institute that consists of an interdisciplinary team of caregivers who are dedicated to improving health literacy through better communication.

### EXECUTIVE SUMMARY

Patients with low health literacy are not easy to identify, yet with 75 million English-speaking adults struggling with this issue, they are frequent visitors to your health care facility and cannot be ignored.

- The evidence supports the need to address health literacy systemwide, but those in patient education play a critical role.
- The first two goals for the National Action Plan to Improve Health Literacy developed by the Department of Health and Human Services reveal the link. (To review the seven goals, see p. 75.)

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**Karen Komondor**, RN, director of patient and staff education, heads up the team. All team members developed a passion for improving health literacy through education on that subject, which gave them a different perspective, Komondor says. “We saw that although many of us had been in health care a long time, we didn’t realize that maybe our patients didn’t understand what was being taught, and it wasn’t about noncompliance,” she explains.

Their tutors were staff members from Project Learn, an adult learning center in Cleveland. The partnership was formed in 2007 when the adult learning center received a grant from Sisters of Charity Foundation of Cleveland to form a part-

nership with St. Vincent Charity Medical Center to address low health literacy.

Project Learn remains a partner of the Health Literacy Institute, which made its overall goal the institutionalization of health literacy across the continuum of patient care. The first step to reach this goal was to conduct health literacy awareness training beginning with senior leadership.

Senior leader buy-in and support is critical when addressing health literacy, says **Mary Ann Abrams**, MD, MPH, health literacy medical advisor at Iowa Health System Center for Clinical Transformation in Des Moines. The health literacy focus at this institution began about 2005. Administrators can raise the visibility of the issues and dedicate time, space, and resources for staff to work on them, and they can change policies and procedures, Abrams explains. One way to engage them is by providing data compiled in national reports, she says. (*To learn how to access these statistics, see list of resources on p. 81. To see how the Mayo Clinic Section of Patient Education created a proposal to get administrators committed, see article on p. 76.*)

To use national data in making a case for a focus on health literacy within an institution, make it personal by adding state statistics and data from your location, Abrams advises. “People are inclined to say the problem exists somewhere else, but indeed the problem does exist locally,” she says.

Another powerful way to engage leadership, as well as colleagues, is by involving patients, family members, and adult learners. Let them share their stories about struggling to understand information. Healthcare providers will see that these people are the same as those patients in their clinic waiting rooms or those admitted to the hospital, Abrams explains.

Health literacy education must encompass all staff, says Komondor. It begins with health literacy awareness training, and then it becomes more specific by providing guidance on the use of plain language or teaching techniques. (*To learn best practice in teaching techniques to improve health literacy, see article on p. 80.*)

Members of the health literacy team attend staff meetings in different departments to provide health literacy training. The topic of health literacy is included in general hospital orientation and annual competencies. Administrative policy related to patient education requires the use of plain language and the teach-back method in all provider communication.)

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#### EDITORIAL QUESTIONS

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## Create areas of focus

Health literacy teams within the Iowa Health System are similar to those at St. Vincent Charity Medical Center with patient education coordinators or managers heading up the teams. However, direction is given to the hospitals within the system by providing three areas of focus for health literacy projects. These include the care environment, interpersonal verbal communication, and written materials, says Abrams.

Under the heading of care environment, teams might implement a program to enhance understanding, such as “Ask Me 3,” a patient education program designed to promote communication between health care provider and patient. (*For more information on this program, see sources, right.*)

Interpersonal verbal communication might entail training on the use of plain language. Work on written materials involves making sure instructional handouts and forms are user- and reader-friendly. Abrams says teams are providing guidelines and training for staff about user-friendly handouts, which encompasses layout, word choice, and organization of content. Although the health literacy teams at the hospitals within the system review written materials, as they teach staff to write in plain language fewer and fewer revisions are required. (*For information on writing in plain language, see resource list on p. 81.*)

The Health Literacy Institute made rewriting patient education documents to an average sixth-grade reading level its second major focus and has revised more than 100 handouts, says Komondor. Staff members at Project Learn do the major revisions, and team members and experts review content before the document is posted on the Intranet for distribution. Adult learners at Project Learn are sometimes used to gain a patient perspective on written materials and videos.

Gaining the patient perspective is important, says Abrams. Health literacy teams at all the institutions are encouraged to include one or more patients or an adult learner on the team. Adult learners at New Readers of Iowa have helped with documents at the system level, says Abrams. For example, they helped with the development of reader-friendly informed consent documents.

Patient input also can be spontaneous, says Abrams. When creating a new form or handout, ask patients on the hospital floor or in the clinic waiting room to provide feedback. “It helps to make sure we are communicating accurately,” says Abrams.

## SOURCE/RESOURCE

For more information on creating a systemwide focus to address issues of health literacy, contact:

• **Mary Ann Abrams**, MD, MPH, Health Literacy Medical Advisor, Iowa Health System Center for Clinical Transformation, 1200 Pleasant St. ERC-2, Des Moines, IA 50309. E-mail: [abramasma@ihs.org](mailto:abramasma@ihs.org).

• **Karen Komondor**, RN, Director, Education St. Vincent Charity Medical Center, 2351 E. 22nd St., Cleveland, OH 44115. E-mail: [Karen.komondor@stvincentcharity.com](mailto:Karen.komondor@stvincentcharity.com).

• **Ask Me 3**— These brochures encourage patients to understand the answers to three questions: “What is my main problem?” “What do I need to do?” and “Why is it important for me to do this?” They are available in English and Spanish from the National Patient Safety Foundation. They come in packages of 100 at a cost of \$100 plus shipping and handling. Order online at [www.npsf.org/askme3](http://www.npsf.org/askme3). Click on links to downloadable materials at the bottom of the homepage to find resource page. Click on ordering brochures. ■

## 7 goals can help guide projects

Many healthcare institutions are using the seven goals stated in the National Action Plan to Improve Health Literacy developed by the Department of Health and Human Services to guide health literacy initiatives. The goals include:

- Develop and disseminate health and safety information that is accurate, accessible, and actionable.
- Promote changes in the health care system that improve health information, communication, informed decision making, and access to health services.
- Incorporate accurate, standards-based, and developmentally appropriate health and science information and curriculum in child care and education through the university level.
- Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community.
- Build partnerships, develop guidance, and change policies.
- Increase basic research and the development, implementation, and evaluation of practices and interventions to improve health literacy.

- Increase the dissemination and use of evidence-based health literacy practices and interventions.

## RESOURCE

• National Action Plan to Improve Health Literacy. Developed by the Department of Health and Human Services, the plan aims to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy. It contains seven goals, each with specific strategies for different sectors of the health system. Web: [www.health.gov/communication/HLActionPlan](http://www.health.gov/communication/HLActionPlan) ■

## Get it `write' with focus on written documents

The topic of health literacy can be daunting, as there are many factors to address and it impacts the culture of an institution. It is difficult to know how to get your arms around the issue, says **Becky Smith**, RN, MA, manager of the Section of Patient Education at the Mayo Clinic in Rochester, MN.

Smith advises patient education managers to start small and to create a written document to provide the direction. At Mayo Clinic, the patient education department first focused on practical direction for written materials.

“In the Section of Patient Education we began to look at how to write materials in a way that was more understandable to patients and culturally sensitive,” says Smith.

The research arm of the Section of Patient Education has been studying patient opinions and behaviors in response to patient education for eight years. The researchers have been accumulating evidence in support of plain language for more than five years. They summarized their findings in a paper titled, “The Case for Plain Language” and guidelines for writing in plain language titled,

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### EXECUTIVE SUMMARY

To gain focus on how to address the issue of health literacy at the Mayo Clinic in Rochester, MN, staff in the Section of Patient Education completed a systematic review to determine evidence-based practice. Based on this review, they provide:

- details on the use of plain language;
- need for resources to improve health literacy.

“Elements of Plain Language.” [*Copies of these two documents are available to subscribers with the online issue of Patient Education Management at <http://www.ahcmedia.com>. On the right side of the page, select “Access your newsletters.” You will need your subscriber number from your mailing label. For assistance, contact customer service at (800) 688-2421 or [customerservice@ahcmedia.com](mailto:customerservice@ahcmedia.com).*]

The “Case for Plain Language” was written for several reasons, according to Smith. These include showing evidence to support the use of plain language, gaining the endorsement of leadership as well as health care provider buy-in, providing a method to communicate a consistent message, providing a reference for authors, and keeping everyone in a large institution on the same page. The information in the documents has been used to improve written materials and, in particular, to determine what message to highlight in a material. At the same time, editorial style and design guidelines were reviewed to reflect plain language principles.

Several of the document’s authors, including Smith, give presentations on the use of plain language to staff in different departments, including nursing and clinical dietetics, who are among the super-users of patient education materials. “We worked hard to identify what would be the benefits of plain language,” says Smith, “and to help those make our case.”

Benefits associated with the use of plain language cited in the document include finding information faster, improving comprehension, decreasing frustration and increasing satisfaction, improving reading time, increasing task compliance, decreasing errors in following instructions, and saving money and time.

Although 23 studies are listed in the appendix supporting the case for plain language, Smith says they will study and evaluate the benefits as plain language becomes part of the culture at Mayo Clinic and collect their own data.

### SOURCE

For more information about creating documents to address health literacy issue, contact:

• **Becky Smith**, RN, MA, Manager, Section of Patient Education, Mayo Clinic, 200 First St. SW, Rochester, MN 55905. Telephone: (507) 266-4764. E-mail: [Smith.Becky@mayo.edu](mailto:Smith.Becky@mayo.edu). ■

# Give direction to health literacy

*Proposal guides entire health system*

During the time a document on plain language was being written at Mayo Clinic in Rochester, MN, the national health literacy movement was under way.

Organizations that set standards for health care institutions as well as government agencies began to address issues of health literacy, such as clear communication. The focus was driven by patient safety. A patient who understands what is taught is more likely to adhere to treatment plans, take medication correctly, and follow instructions resulting in better health outcomes, explains **Becky Smith**, RN, MA, manager of the Section of Patient Education.

Patient satisfaction surveys at Mayo Clinic asked patients if health care providers used words and terms they could understand. The survey scores on this question showed room for improvement in provider communication. Therefore a document named “The Health Literacy Proposal” was written in the Section of Patient Education to reinforce to leadership within Mayo Clinic the importance of health literacy and its connection with patient education. The document, along with the “Case for Plain Language,” was unanimously endorsed by leadership, which made health literacy a priority at Mayo Clinic. *(A copy of the executive summary of “The Health Literacy Proposal” is included with the online issue of Patient Education Management available to subscribers at <http://www.ahcmedia.com>.)*

The proposal recommends that a culture of health literacy awareness be enhanced at Mayo Clinic and that access to resources for patients and providers throughout the system be improved. Based on national adult health literacy studies, only 13% of the population can easily obtain, process, and understand basic health information and services needed to make appropriate health decisions. Also, increased self-care demands on patients have not been matched by the adoption of communication techniques that ensure understanding and optimize patient safety. These two areas have become a focus of the Section of Patient Education at Mayo Clinic, says Smith.

“The issue of health literacy is so big we didn’t know where to start. Start somewhere and take

the first step. Then build on that,” advises Smith. “Developing your case is an effective place to begin.” ■

## Low-literacy material targets correct OC use

Your physician has just reviewed instructions on proper oral contraceptive (OC) use with the patient, a 22-year-old mother of three. The physician asks if there any questions, and send her to the front desk with a supply of pill packs and written instructions. But how do you know she received the information she needs to take her pills properly?

Providing low literacy materials with easy-to-follow instructions is essential in reducing the U.S. unintended pregnancy rate and its associated annual costs of \$2.6 billion.<sup>1</sup> However, clinicians face an uphill battle. The National Center for Education Statistics estimates that 88% of the adult U.S. population lacks the literacy skills needed to maintain health and prevent disease.<sup>2</sup>

In response to a request by Title X family planners, a cooperative effort among the Region VI Department of Health and Human Services Office of Family Planning, the Center for Health Training in Austin, and Sage Words Accessible Health Communications in Austin has yielded an oral contraceptive health literacy project to help providers and patients communicate more effectively regarding correct, consistent pill-taking. The project, “On the Same Page,” features a training

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### EXECUTIVE SUMMARY

A cooperative effort among the Region VI Department of Health and Human Services Office of Family Planning, the Center for Health Training in Austin, and Sage Words Accessible Health Communications in Austin has yielded an oral contraceptive health literacy project to help providers and patients communicate more effectively regarding correct, consistent pill-taking.

- The “On the Same Page” project features a training manual written for publicly funded family planning clinic staff, as well as posters designed to help clinicians and patients stay “on the same page” during instructions.
- Patient materials include a missed pills business card and flyers on missed pills, starting pills, and side effects, all available in English and Spanish.

manual written for publicly funded family planning clinic staff, as well as posters designed to help clinicians and patients stay “on the same page” during instructions. Patient materials include a missed pills business card and flyers on missed pills, starting pills, and side effects, all available in English and Spanish. The project was funded by a grant from the Department of Health and Human Services, Office of Population Affairs, Office of Family Planning, Region VI. *(For information on how to access the manual and project materials, see resources, below right.)*

## How does it work?

Clinicians are accustomed to thinking of written materials as something to hand to patients. The posters and fact sheets in the “On the Same Page” project work together as a tool, something that is used interactively, much in the same way clinicians use the pill packet for demonstration, say project officials.

The poster concept came directly from staff discussion groups, explains **Kathryn Anderson, MA**, executive director of Sage Words Accessible Health Communications. Anderson served as writer and developer for the project. “When we asked what format would be useful to them, staff indicated that posters were a useful and familiar format. Staff often used posters in an exam room setting, especially to communicate visually,” she explains. “We also learned from staff discussion groups that they rarely use written materials like brochures or the pill packet insert in the exam room when explaining pill instructions.”

Materials with small fonts, a significant amount of text, and no graphics simply can’t be shared, says Anderson. A poster, on the other hand, is visually accessible to provider and patient. Graphics and text can be seen at the same time, so the patient is a participant in the provider’s explanation.

A second important aspect of using the posters in the exam room is that the patient has access to the same information more than once, Anderson notes. Repetition is essential in processing unfamiliar information and in retaining and acting on that information, she explains. If the patient has been sitting in the exam room looking at the poster, it might serve to elicit questions. Anderson says it also might serve as an “advance organizer” in which the patient might already have begun the process of organizing and understanding the information before the provider discusses it with her.

The patient can see the poster ahead of the provider’s visit, looks at it while the provider discusses the information, and has the same information at home on the fact sheet, Anderson states. Having exactly the same information in the same format at home might help a patient trigger recall of the exam room discussion, which can be helpful in comprehending the written information, explains Anderson. Patients tested drafts of the text in a process called usability testing, which enabled developers to pinpoint and revise areas of misunderstanding. *(Use the information on p. 79 to help integrate telephone and cell phones into reinforcing the written message.)*

Title X grantees in Region VI, which encompasses Arkansas, Louisiana, Oklahoma, New Mexico, and Texas, have been excited about the materials included with the project, says **Sandy Rice, MEd**, vice president of the Center for Health Training. Project funding allowed developers to be able to provide a year’s worth of hard copies of the “missed pills” fact sheets and posters to grantee clinics in the region. “Although we are pleased and proud that we have made these materials available online for free download, we recognize that Title X and other publicly funded clinics face severe budget restrictions that may prohibit their abilities to make copies,” says Rice.

## REFERENCES

1. Rosenberg MJ, Waugh MS, Long S. Unintended pregnancies and use, misuse and discontinuation of oral contraceptives. *J Reprod Med* 1995; 40:355-360.
2. White S. Assessing the Nation’s Health Literacy: Key concepts and findings of the National Assessment of Adult Health Literacy (NAAL). Chicago: American Medical Association (AMA) Foundation; 2008.

## RESOURCES

The manual and project materials for “On the Same Page,” an oral contraceptive health literacy project, are available for free download at the Center for Health Training web site, [www.centerforhealthtraining.org](http://www.centerforhealthtraining.org). Under “Projects,” select “Current Projects,” then under “Region VI,” select “Health Literacy Project: Oral Contraceptive Patient Education Materials.” Clinicians also can take advantage of a free webinar on the project. To access the webinar, go to [www.centerforhealthtraining.org](http://www.centerforhealthtraining.org). Under “Training + Events,” select “Online Training.” To access the webinar, click the link under “Health Literacy and OCPs: Helping Your Clients to Understand and Remember Instructions for How to Use OCPs Correctly.”

• Oral contraceptive health literacy materials also are available at [www.sagewords.org](http://www.sagewords.org). ■

## Reinforce message with phones, cells

**H**ow can staff bolster patients' understanding of correct oral contraceptive use after they leave the office? Try these tips from the On the Same Page OCP Health Literacy Project Training Manual.<sup>1</sup>

Have someone at your clinic read the text from the material into a recorded phone message.

Have the recorded phone message on an extension of your clinic phone that can be reached day or night.

Have staff help patients program the clinic telephone number/extension into her cell phone while she is in the exam room.<sup>1</sup>

### REFERENCE

1. Center for Health Training, Sage Words Accessible Health Communications. On the Same Page. OCP Health Literacy Project Training Manual. Austin; 2010. Accessed at [http://www.centerforhealthtraining.org/projects/documents/pr\\_healthliteracy\\_TrainingManual.pdf](http://www.centerforhealthtraining.org/projects/documents/pr_healthliteracy_TrainingManual.pdf).

## Do dialysis patients understand health info?

**M**any patients on dialysis might not understand medical information critical to their wellbeing, according to a study appearing online for the Clinical Journal of the American Society Nephrology (CJASN).<sup>1</sup> The results suggest that clinicians must understand and address the limited health literacy of patients with kidney disease.

Patients with limited health literacy might not fully understand written medical information and might not be able to communicate effectively with healthcare providers or navigate the increasingly complex healthcare system. Studies suggest that limited health literacy might negatively affect patients' wellbeing and increase healthcare costs.

Health literacy is particularly important for kidney patients undergoing dialysis. They must attend treatment sessions several days a week, follow dietary and fluid restrictions, and adhere to complex medication regimens, all of which require patients to understand and act on complicated health-related information. **Jamie Green, MD**, University of Pittsburgh, and her colleagues tested

260 patients on long-term dialysis with a tool that assesses one's ability to read common medical words and lay terms for body parts and illnesses.

The investigators found that 16% of the patients on dialysis (41 of the 260 patients) had limited health literacy. There are more than 350,000 U.S. patients on dialysis, so this percentage represents a significant number of individuals who could benefit from being better able to understand and manage their kidney health. While limited health literacy was present in all subgroups, those with lower educational levels, African Americans, and veterans were less likely to effectively obtain and process relevant health information.

Patients with less than a high school education exhibited more than a 12-fold increased risk of low health literacy, and African Americans and veterans had more than a threefold increased risk of having limited health literacy. The researchers are following these individuals to determine if limited health literacy affects how patients adhere to dialysis treatment, whether they undergo kidney transplantation, and whether they die prematurely.

"We anticipate our findings will increase awareness of the importance of health literacy in patients with kidney disease, stimulate providers to consider literacy when communicating with patients, and lead to future studies to address limitations in health literacy," said Green.

Study co-authors include Maria Mor, PhD, Mary Ann Sevick, Paul Palevsky, MD, Michael Fine, MD, and Steven Weisbord, MD, at the VA Pittsburgh Healthcare System and University of Pittsburgh; Anne Marie Shields at the VA Pittsburgh Healthcare System; and Robert Arnold, MD, at the University of Pittsburgh.

### REFERENCE

1. Green JA, Mor MK, Shields AM. Prevalence and demographic and clinical associations of health literacy in patients on maintenance hemodialysis. CJASN 2011; May online. Doi: 10.2215/CJN.09761110. ■

## Support and reinforce teaching best practices

*Focus on better evaluation of understanding*

**W**hen Lorene Payne, EdD, MSN, RN, CNE, a senior nursing instructor in the Nursing Professional Development Department at MD

Anderson Cancer Center in Houston, TX, began work on her doctorate, she decided to focus on the question: “Are we as nursing professionals actually putting into practice the methods that help our patients best understand information even though many of them are low health literate?”

Payne found nurses were doing a fairly good job on many of the elements of best practice of teaching, such as speaking slowly and only presenting one or two concepts at a time. However many techniques that evaluated understanding were not being used as frequently, such as asking how a patient will follow the instructions at home.

To determine best practice, Payne searched the literature. During this process, she came across a survey created by the American Medical Association (AMA) that was issued at a health literacy conference in 2007 to those in attendance. The AMA suggested someone repeat the study on a bigger scale and on a random basis; therefore, she decided to take on the project.

Working with educators and nurses, Payne refined the list of teaching techniques to better reflect the nursing profession. At the AMA conference, the survey had been distributed to physicians, nurses, and pharmacists. Also she added a couple of techniques to the list used by the AMA. She added assessing what the patient knows on the topic before teaching, and referring the patient to an educator/class for additional teaching if more in-depth education is required.

Payne said the last technique on the survey did not test well. Because of the way it was written, she was not sure what the results indicated. It could be nurses were referring 100% of patients who needed additional education to a class 33.2% of the time, or only using the practice one-third of the time.

## Survey achieves good results

In January 2009, Payne obtained a list of registered nurses in Texas and narrowed the field

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### EXECUTIVE SUMMARY

A nursing survey on the use of best teaching practices in patient education provides insight into areas for staff education. Also the survey revealed areas where greater support for education is needed. The survey was conducted by Lorene Payne, EdD, MSN, RN, CNE, when she was writing her dissertation.

- Her finding: Nurses could improve on teach back.
- Her advice: Make better use of visual aids.

to those working full time in a patient care role. Although she wanted to conduct the survey via e-mail, the Texas State Board of Nursing cannot provide e-mail addresses, so she used regular mail. To obtain at least 200 responses, she selected a pool of 1,000 nurses through random number generation. A total of 259 surveys were returned, or 25.9%.

Nurses were asked how often they used the 14 techniques listed on the survey within the previous week. Choices included never, rarely, occasionally, most of the time, and always. The last two categories were considered frequent use of the teaching technique. (*To see how survey respondents answered, see p. 81.*)

Payne said the real surprise was that nurses only used visual aids such as pictures, models, or videos 28.8% of the time. “With all our resources I expected that one to be used more frequently,” she says.

As a senior nursing instructor, she is working on a video that will model and demonstrate these best practices of teaching to use for staff education purposes.

Her advice to patient education managers is to create lists of classes within the healthcare institution and community nurses might refer patients to when they need more education than can be provided in a teaching session or two. Also make sure there are visual aids available in the inventory of teaching aids.

Payne says a good question to ask is: “Are we connecting people with the resources they need?”

### SOURCE

For more information on the survey and the findings, contact:

- **Lorene Payne**, EdD, MSN, RN, CNE, Senior Nursing Instructor, Nursing Professional Development, MD Anderson Cancer Center Houston, TX. Telephone: (713) 563-1273. E-mail: [lpayne@mdanderson.org](mailto:lpayne@mdanderson.org). ■

## Survey examines teaching techniques

To assess whether nurses practice teaching techniques to improve patient comprehension, they were asked how often they use these techniques —“never,” “rarely,” “occasionally,” “most of the time,” and “always.” Following is their responses:

- Nurses answering the survey used simple language 97.3% of the time.
- Nurses assessed knowledge prior to teaching 88.4% of the time.
- Nurses presented lessons in one or two concepts 71.5% of the time.
- Nurses spoke slowly 69.5% of the time.
- Nurses read instructions aloud 66.3% of the time.
- Nurses handed out print materials 63.6% of the time.
- Nurses included family member in teaching session 60.3% of the time.
- Nurses asked the patient or family member to repeat the information or return demonstrate 57.7% of the time.
- Nurses followed-up to confirm understanding in subsequent shifts 55.2% of the time.
- Nurses asked how the patient will follow instructions at home 51% of the time.
- Nurses wrote out the instructions 51.4% of the time.
- Nurses underlined key points in handouts 46% of the time.
- Nurses referred patients to an educator or class 33.2% of the time.

Source: Lorene Payne, EdD, MSN, RN, CNE, Senior Nursing Instructor, Nursing Professional Development, MD Anderson Cancer Center Houston, TX. ■

## Go online to find literacy resources

Searching for information on health literacy can be a time-consuming task. Yet information is required to support the need for initiatives, create clear and concise documents, or assess the status of an organization in regards to health literacy.

Following are lists of online resources broken into five categories for quick reference. This resource list was compiled by **Sandra Cornett**, RN, PhD, a former editorial board member for Patient Education Management and current director of AHEC Clear Health Communication at the Program Office of Outreach & Engagement, College of Medicine at The Ohio State University in Columbus. Most of these resources are free; if a cost is associated with the item, it is provided.

• **General resources for health literacy advocates:**

— American Medical Association Health

Literacy Program.

Tools on this AMA web site include a health literacy kit for clinicians; videos with patient stories; and links to health literacy news, conferences, state programs, and other resources. Web: [www.ama-assn.org](http://www.ama-assn.org). Under “Physician Resources,” select “Patient Education Materials,” then “AMA’s Health Literacy Resources and Programs.”

— Harvard School of Public Health Web site for Health Literacy Studies.

Led by Rima Rudd, MSPH, ScD, the program provides research findings, policy report and initiatives, and a wide range of resources to support plain language writing. Web: [www.hsph.harvard.edu/healthliteracy](http://www.hsph.harvard.edu/healthliteracy).

— Health Literacy Consulting.

A private-sector resource run by health literacy expert Helen Osborne that is rich in podcasts and links to helpful tools and information. Web: [www.healthliteracy.com](http://www.healthliteracy.com).

— Health Literacy Special Collection.

A clearinghouse of information related to teaching and learning health literacy skills, including multi-lingual resources, health literacy coalitions, and funding sources. Web: [www.healthliteracy.worlded.org/index.htm](http://www.healthliteracy.worlded.org/index.htm).

— Health Literacy Universal Precautions.

A toolkit released by the Rockville, MD, based Agency for Healthcare Research and Quality (AHRQ) offers primary care practices a way to assess their services for health literacy considerations, raise awareness of the entire staff, and work on specific areas. Web: [www.ahrq.gov/qual/literacy](http://www.ahrq.gov/qual/literacy).

— Health Plan Organizational Assessment of Health Literacy Activities.

This assessment tool reviews what your organization is doing to enhance health literacy and provides insight into areas on which you can focus. It is offered by the Rollins School of Public Health at Emory University in Atlanta. Web: [www.ahip.org/content/default.aspx?docid=29467](http://www.ahip.org/content/default.aspx?docid=29467).

— National Assessment of Adult Literacy 2003: The Health Literacy of America’s Adults.

This is the first large scale assessment of health literacy in the United States. Web: <http://nces.ed.gov/naal/health.asp>.

— The Joint Commission, “What did the Doctor Say?”: Improving Health Literacy to Protect Patient Safety.

A white paper describes interventions to improve patients’ ability to understand complex medical information, plus offers recommendations to mitigate the risks to patients with low health

literacy and/or low English proficiency created by The Joint Commission. Web: [www.jointcommission.org/What\\_Did\\_the\\_Doctor\\_Say](http://www.jointcommission.org/What_Did_the_Doctor_Say).

- **Online Training Resources:**

- Health Literacy Online Training Resources.

A selection of interactive courses, webinars, and training videos on health literacy offered by Health Literacy Kentucky, a partnership of 35 organizations. Most of the resources are available at no charge, and those that do have a fee are indicated. Web: [healthliteracykentucky.org](http://healthliteracykentucky.org). Select “Resources,” and then select “Health literacy online training resources.”

- The Ohio State University Health Literacy Distance Education Program.

There are eight interactive modules on health literacy topics, including a core module, effective and clear health communication, effects of aging on health literacy, verbal and written communication with those from other cultures, writing easy-to-read health materials, readability formulas, audience research and field testing, and meeting the challenges for low health literacy in an organization. Continuing education credits are provided for several healthcare disciplines. The cost for these online classes is a \$20 registration fee and \$15 per module. Web: [healthliteracy.osu.edu](http://healthliteracy.osu.edu).

- **Tips for developing and implementing a plain language initiative:**

- AHIP 2009 Health Literacy Webinar Series.

A three-part series on health literacy created by America’s Health Insurance Plans. Part 1 is “Health Literacy Overview and Steps for Implement Your Own Program.” Part 2 is “Starting Up and Advancing Your Company’s Health Literacy Program.” Part 3 is “Health Literacy Campaigns.” Web: [www.ahip.org/health-literacy](http://www.ahip.org/health-literacy).

- Health Literacy: A Toolkit for Communicators.

Developed by the America’s Health Insurance Plans (AHIP) Health Literacy Task Force, this toolkit covers four areas: steps for initiating or advancing a health literacy program, assessment tools and resources, training programs and concepts, and technology resources and strategies. Web: [www.ahip.org/healthliteracy/toolkit](http://www.ahip.org/healthliteracy/toolkit).

- Toolkit for Starting Plain Language in Your Organization.

This is a 10-step approach to creating a plain language initiative offered by The Center for Plain Language. Web: [centerforplainlanguage.org/toolkit](http://centerforplainlanguage.org/toolkit).

- **Writing guidelines:**

- Clear & Simple: Developing Effective Print Materials for Low-Literate Readers.

From the National Cancer Institute, this guide outlines a process for developing publications for people with limited literacy. It features proven principles and a discussion of the real-life challenges faced when writing for audiences with limited literacy, such as the constraints of time, budget, organizational pressures, and the government publications process. Web: [www.cancer.gov/cancertopics/cancerlibrary/clear-and-simple](http://www.cancer.gov/cancertopics/cancerlibrary/clear-and-simple).

- How to Write Easy-to-Read Health Materials.

These are tips from Medline Plus, a service of the National Library of Medicine, which develops lay-oriented health information. Web: [www.nlm.nih.gov/medlineplus/etr.html](http://www.nlm.nih.gov/medlineplus/etr.html).

- Improving Readability by Design.

From [healthcommunications.org](http://healthcommunications.org), the guide provides tips on seven design elements to improve the readability of patient education materials. Web: [www.healthcommunications.org/improving-readability-by-design.php](http://www.healthcommunications.org/improving-readability-by-design.php).

- Quick Guide to Health Literacy: Improve the Usability of Health Information.

From the Department of Health and Human Services, the “Quick Guide” includes a wide range of health literacy resources, including a summary of best practices in health communication that can help improve health literacy. Web: [www.health.gov/communication/literacy/quickguide/healthinfo.htm](http://www.health.gov/communication/literacy/quickguide/healthinfo.htm).

- Simply Put: A Guide for Creating Easy-to-Understand Materials.

From the Centers for Disease Control and Prevention (CDC), this guide illustrates how to turn complicated scientific and technical information into communication materials your audiences can relate to and understand. It describes practical ways to organize information and use language and visuals. Web: [www.cdc.gov/healthmarketing/pdf/Simply\\_Put\\_082010.pdf](http://www.cdc.gov/healthmarketing/pdf/Simply_Put_082010.pdf).

- Toolkit for Making Written Material Clear and Effective.

From the Centers for Medicare and Medicaid Services (CMS) in Baltimore, MD, this 11-part toolkit provides a detailed and comprehensive set of resources to help you make written material in printed formats easier for people to read, understand, and use. Web: [www.cms.gov/WrittenMaterialsToolkit](http://www.cms.gov/WrittenMaterialsToolkit).

- **Tools to assess readability of print materials:**

- Readability Plus.

Software produced by the Micro Power &

Light Co. produces a range of readability scores and identifies words that most readers find difficult. Their web site includes helpful information on how to calculate readability using several formulas, including the Fry Graph and the SMOG (Simple Measure of Gobbledygook). A free e-book on how to use readability formulas is also provided. The software for Windows is \$119.95 for individual copy or \$839.65 for master copy (to use on multiple computers). Shipping is \$8 for standard delivery. Web: [www.readabilityformulas.com/readability-plus.php](http://www.readabilityformulas.com/readability-plus.php). ■

## Game on: Don a mask and play your role

How do you think patients' family members would fare in game in which they assume the identity of a character in a computer-based video simulation that calls for key decisions to ensure infection prevention? They can find out by playing "Partnering to Heal" at <http://www.hhs.gov/partneringtoheal>.

Based upon their avatar's decisions, the training branches to different pathways and patient outcomes. The training is designed and developed for use by individuals as a self-paced learning tool and by groups in facilitated training sessions.

The training highlights effective communication about infection control practices and what it means to help create a "culture of safety" in healthcare institutions. Trainees follow five main characters and make decisions about preventing healthcare-associated infections (HAIs). These include a patient's family member, a physician, a nurse, an infection preventionist, and a medical student.

The training includes information on basic protocols for isolation precautions to protect

patients, visitors, and practitioners from the most common HAIs. Viewers learn how the characters can contribute to, or prevent, risk of surgical site infections, central line-associated bloodstream infections, ventilator-associated pneumonia, catheter-associated urinary tract infections, clostridium difficile and methicillin-resistant *Staphylococcus aureus* (MRSA).

In addition to communication and teamwork, the interactive sessions promote key hand hygiene and proper insertion, use, and removal of catheters and ventilators. The training is designed to increase knowledge, alter attitudes, and shift the behaviors of clinicians and patients by focusing on principles of teamwork, communication, hand washing, flu vaccination, and the appropriate use of antibiotics and medical devices. ■

### CNE INSTRUCTIONS/OBJECTIVES

To earn credit for this activity, please follow these instructions.

1. Read and study the activity, using the provided references for further research.
2. Log on to [www.cmecity.com](http://www.cmecity.com) to take a post-test; tests can be taken after each issue or collectively at the end of the semester. First-time users will have to register on the site using the 8-digit subscriber number printed on their mailing label, invoice or renewal notice.
3. Pass the online tests with a score of 100%; you will be allowed to answer the questions as many times as needed to achieve a score of 100%.
4. After successfully completing the last test of the semester, your browser will be automatically directed to the activity evaluation form, which you will submit online.
5. Once the completed evaluation is received, a credit letter will be e-mailed to you instantly.

Upon completion of this educational activity, participants should be able to:

- identify the management, clinical, educational and financial issues relevant to patient education
- explain the impact of the management, clinical, educational and financial issues relevant to patient education on health care educators and patients
- describe practical solutions to problems health care educators commonly encounter in their daily activities
- develop patient education programs based on existing programs.

### COMING IN FUTURE MONTHS

- Making teach back second nature
- How to keep materials up to date
- Assembling tools for all learning needs
- Best ways to document understanding

## CNE QUESTIONS

1. A good first step in improving health literacy includes which of the following, according to some health literacy program leaders?  
A. Educating senior leadership.  
B. Increasing awareness among staff.  
C. Increasing awareness among patients.  
D. A & B.
2. At Iowa Health System, one area of focus in regard to health literacy is written materials. However, health literacy teams do not try to educate other staff members on creating user-friendly copy.  
A. True  
B. False
3. To address the huge task of changing institutional culture in regard to health literacy, staff in the Section of Patient Education at Mayo Clinic focused on practical direction for written materials.  
A. True  
B. False
4. In a survey on the frequent use of teaching techniques considered best practice, Lorene Payne, EdD, MSN, RN, CNE, a senior nursing instructor at MD Anderson Cancer Center, determined more emphasis could be placed on which of the following techniques?  
A. Assessing knowledge first  
B. Speaking slowly  
C. Using visual aids  
D. Presenting one or two concepts

## Training supports patient partnership

The Department of Health and Human Services (HHS) has released "Partnering to Heal," which supports Partnership for Patients: Better Care, Lower Costs, a public-private partnership to improve health care.

"Partnering to Heal" is a computer-based, interactive learning tool for clinicians, health students, and patient advocates. The tool seeks safer and better care, which is consistent with the Partnership for Patients initiative. This national public-private partnership will aim to save lives by preventing millions of injuries and complications in patient care over the next three years. The tool is available at <http://www.hhs.gov/ash/initiatives/hai/training>. ■

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**Health Literacy (HL) Proposal Executive Summary**  
Mayo Clinic  
Section of Patient Education (SPE)  
Julia Behrenbeck, Mike O'Brien, Becky Smith, Steven Smith, M.D.,

Executive Summary

The patient's role as a key partner in the health care team continues to expand and evolve. With this movement, the topic of health literacy has become an issue of national concern. Based on US adult health literacy studies, we know that only 13% of the population can easily obtain, process and understand basic health information and services needed to make appropriate health decisions. The increased self-care demands on patients have not been matched by the adoption of communication techniques to ensure understanding and optimize patient safety.

Considerable work has been completed by national, professional and consumer advocate groups resulting in proven methods to work effectively with average and low health literacy patients. Implementation of these methods will improve patient satisfaction and adherence to the plan of care. Everyone appreciates a shame free environment, clear communication and at various times can be at risk for misunderstanding. The adoption of clear, plain language messages should underlie all patient encounters and will help minimize communication-related adverse events. This is consistent with two of the Mayo Clinic strategic goals; satisfy our patients, and improve and demonstrate quality, safety, service and value.

An assessment of HL initiatives at Mayo Clinic Rochester revealed that the Section of Patient Education has implemented a number of measures to ensure the use of health education content consistent with HL principles. Across the medical center there are pockets of activity to increase HL awareness, however, additional work is needed. Institutional recommendations include the following:

- Create a culture of HL awareness
- Provide resources in support of health literacy for all patients
- Improve systems for access to and use of patient education material for both providers and patients

Institutional commitment and a physician leader will be needed to develop and successfully implement the recommendations.

April 2009

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# **The Case for Plain Language**

Mayo Clinic

Section of Patient Education

Kristin Vickers Douglas, Ph.D., Becky Smith, Beverly Parker, Holly Mehr, Kari Ruud, Julie Hathaway,  
Julia Behrenbeck, Michael O'Brien, Steven Smith, M.D.

## **Rationale**

The Section of Patient Education endorses the use of plain language in all Mayo Clinic-developed patient education written brochures and patient instructions.

### **What plain language is**

Plain language is clear, concise, useful, and easy to read. It is understood the first time you read it, and in the shortest time possible. It serves the needs of the reader.

The principles of plain language encompass the techniques of excellent writing, including good grammar, logical organization, and precise word usage with a focus on converting abstract concepts into information readers can understand.

### **What plain language looks like**

Plain language is easy to look at, easy to read and looks like it is meant to be read. It uses the most accurate and actionable words. Broad concepts introduce more detailed information. Action points come first. Plain language uses the elements of design to create visual space, cues and breaks to help readers navigate through text.

## **Challenge your assumptions about plain language plain language is:**

### ***Comprehensive and precise.***

Plain language is not surface-level descriptions of complex topics. It is concise, yet comprehensive. It is not “dumbed-down” vocabulary and short sentences. Plain language is not simple words chosen at the expense of the most accurate words. Writing in plain language takes considerable skill as substance and relevance are distilled from complex concepts to facilitate understanding. Clarity and precision go hand-in-hand.

### ***Supported by research.***

Plain language is not just clinician and writer preference. Plain language is a global movement with an established history of research conducted by international governments, academic organizations, businesses, industry, and the legal profession.

### ***Professional.***

Plain language is not anti-literary, anti-intellectual or unsophisticated. Plain language is preferred at all literacy levels. In fact, people with high literacy prefer and benefit from plain language. Plain language is purposefully conversational, direct and personal in tone. It is professional, respectful, and sophisticated. Personalization (use of the personal pronoun “you”) aids reader understanding by making it clear what is to be done and by whom. Plain language is written to inform and empower. Plain language is *effective* because the reader can understand the message. It is *efficient* because the reader can read and understand the message the first time.

## Benefits of Plain Language

<http://www.plainlanguage.gov/>

Plain language is associated with:

- Finding information faster
- Improving comprehension
- Decreasing frustration and increasing satisfaction
- Improving reading time
- Higher task compliance
- Decreasing errors in following instructions
- Saving money and time

### Plain Language Research in Health Care

When compared to standard written materials in randomized controlled studies, patient education materials written in plain language lead to greater comprehension<sup>1-4</sup> and knowledge retention<sup>5,6</sup> regardless of education level.<sup>1,2,7</sup> A randomized controlled trial comparing plain language clinical recommendations to standard clinical recommendations showed that patients receiving plain language recommendations had significantly greater intentions to implement the recommendations, more positive attitudes toward implementation, and greater perceived control over implementation.<sup>8</sup> Plain Language materials are more likely to be read and involve a shorter reading time than materials that do not use plain language.<sup>3</sup>

Contrary to popular belief, research has shown that regardless of education level, patients prefer plain language<sup>7,9-12</sup> and are not offended by plain language.<sup>9,13</sup>

Plain language material is increasingly incorporated into health care interventions that address a range of patient outcomes.

Research studies that included plain language written materials as part of a larger intervention demonstrated *increased*:

- Patient initiated discussions with physicians<sup>14-16</sup>
- Patient self efficacy<sup>17,18</sup>
- Medication adherence<sup>19,20</sup>
- PSA screening<sup>16</sup>
- Smoking cessation<sup>21</sup>
- Vaccination rates<sup>14</sup>

Research studies that included plain language written materials as part of a larger intervention demonstrated *decreased*:

- Missed appointments<sup>22</sup>
- Hospitalizations<sup>23,22</sup>
- Medical costs<sup>19,22</sup>
- Incidence of death<sup>23</sup>

## Plain Language Resources

**Plain Language: Improving Communication from the Federal Government to the Public**  
<http://www.plainlanguage.gov/>

**The Joint Commission:** *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*, Oakbrook Terrace, IL: The Joint Commission, 2010, pgs. 20, 87.

**Health Literacy: The National Action Plan to Improve Health Literacy**  
<http://www.health.gov/communication/HLActionPlan>

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December 15, 2010

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*Elements of Plain Language*  
*Mayo Clinic*  
*Section of Patient Education*

**1. Plain language serves the needs of the reader. It is:**

- Patient-centered.
- Clear and reader-friendly.
- Accurate and precise.
- Easy to understand and fosters recall and problem solving.

**2. The title is clear. The title:**

- Names the medical topic.
- Accurately describes the content.
- Is found easily in an online search of SPE documents.
- Is not informal or playful.

**3. The content is comprehensive and precise. The material:**

- Contains relevant, substantive information.
- Simplifies complex concepts.
- Features content-rich, concise language.
- Eliminates unnecessary words.
- Avoids long lists.

**4. The material contains summary messages and action items that:**

- List 3 or 4 points.
- Focus on what patients need to know and do.
- Fit logically within the piece.

**5. The sequence is logical. The material:**

- Starts with the most important information.
- Uses the “inverted pyramid” organization, moving from the general to the specific.

**6. The information is directed to the reader. The text:**

- Uses the personal pronoun “you.”

**7. The design enhances plain language principles. The layout:**

- Uses design elements and white space that help readers navigate the written material.
- Integrates images or art within the text to aid reader understanding, recall and action.
- Separates text into sections (“chunks”) by topic.

January 2011

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Dear *Patient Education Management* Subscriber:

This issue of your newsletter marks the start of a new continuing nursing education (CNE) semester and provides us with an opportunity to tell you about some new procedures for earning CNE and faster delivery of your credit letter.

*Patient Education Management*, sponsored by AHC Media, provides you with evidence-based information and best practices that help you make informed decisions concerning educational options. Our intent is the same as yours: the best possible patient care.

The objectives of *Patient Education Management* are:

- Identify the management, clinical, educational and financial issues relevant to patient education;
- Explain the impact of the management, clinical, educational and financial issues relevant to patient education on health care educators and patients;
- Describe practical solutions to problems health care educators commonly encounter in their daily activities;
- Develop patient education programs based on existing programs.

The American Medical Association, which oversees the Physician's Recognition Award and credit system and allows AHC Media to award *AMA PRA Category 1 Credit™*, has changed its requirements for awarding *AMA PRA Category 1 Credit™*. Enduring materials, like this newsletter, are now required to include an assessment of the learner's performance; the activity provider can award credit only if a minimum performance level is met. AHC Media considered several ways of meeting these new AMA requirements and chose the most expedient method for our learners.

#### HERE ARE THE STEPS YOU NEED TO TAKE TO EARN CREDIT FOR THIS ACTIVITY:

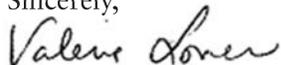
1. Read and study the activity, using the provided references for further research.
2. Log on to [www.cmecity.com](http://www.cmecity.com) to take a post-test; tests can be taken after each issue or collectively at the end of the semester. *First-time users will have to register on the site using the 8-digit subscriber number printed on their mailing label, invoice or renewal notice.*
3. Pass the online tests with a score of 100%; you will be allowed to answer the questions as many times as needed to achieve a score of 100%.
4. After successfully completing the last test of the semester, your browser will be automatically directed to the activity evaluation form, which you will submit online.
5. Once the completed evaluation is received, a credit letter will be e-mailed to you instantly. You will no longer have to wait to receive your credit letter!

This activity is valid for 24 months from the date of publication. The target audience for this activity is education directors, nurse managers, case managers, discharge planners, hospital clinicians, management, and other health care professionals involved in designing and/or using patient education/staff education programs.

If you have any questions about the process, please call us at (800) 688-2421, or outside the U.S. at (404) 262-5476. You can also fax us at (800) 284-3291, or outside the U.S. at (404) 262-5560. You can also e-mail us at: [customerservice@ahcmedia.com](mailto:customerservice@ahcmedia.com).

On behalf of AHC Media, we thank you for your trust and look forward to a continuing education partnership.

Sincerely,



Valerie Loner  
Continuing Education Director  
AHC Media