Health Literacy Case Scenarios: How clear is your healthcare dialogue?

LEARNING ACTIVITY

Description

Utilize the following two case scenarios presenting health literacy challenges. Engage your students in role-play and generate class discussion to reinforce best practices on how to deliver linguistically appropriate medical/dental patient care services.

Case #1 The Diabetic Patient, Case #2 The Urology Appointment

The scenario examples will impact student awareness offering a practical perception to the significance of relaying understandable, practical and actionable health information.

Students should also step beyond the case scenarios and select or design appropriate educational materials (e.g., pamphlets, videos) that will convey content clearly to these patient situations.

Competencies

C2. Effective Communication and Health Literacy

- C2.1 Health Literacy
  - Understand that adults with low or limited health literacy tend to experience shame, and hide their lack of skills from oral health care providers.
  - Understand that it is not possible to determine a patient’s health literacy skills by their appearance.
  - Recognize “red flag” behaviors which may suggest a patient has low or limited health literacy.
  - Recall health literacy is context-specific and may change from one clinic visit to the next (e.g. during times of physical or emotional stress).
  - Express attitude that everyone regardless of literacy level benefits from and prefers clear communication.
  - Recognize that patient stressful life events and transitioning across health systems, insurance carriers, or providers are especially vulnerable times for communication errors needing closer attention and follow-up.
  - Understand importance, rationale, and principles of a universal precautions approach in all health communication interactions.
Describe the direct relationship between health literacy and knowledge about one’s chronic disease(s) and medications, adherence to medications and treatment plans, receipt of preventive health services, health outcomes or risk of harm, and excess healthcare costs.

Recognize ethical and legal implications for inadequately conveying health information to patients with low or limited literacy or health literacy.

• C2.7 Evaluation and Development of Written Materials
  - Evaluate the navigability, usability and understandability of patient education and other communication materials (e.g. paper, video, web and app).
  - Apply tools for reviewing patient education and other communication materials (e.g. Suitability Assessment of Materials or CDC Clear Communications Index).
  - Write/rewrite patient education and other communication materials (e.g. letters, informed consent, other health forms and discharge summaries) to be user-friendly (follow plain language, numeracy, and easy to read formatting best practices).

Learning Outcomes

- Engage in culturally and linguistically competent practices to reduce health disparities.
- Improve the reach of health information to those with low health literacy.
- Encourage best practices to convey health information that empowers the patient.
- Recognize the potential of patient appropriate educational materials and videos.

Activity

Role-play and discuss the following scenarios:

Case #1: The Diabetic Patient

Case 1

https://sites.google.com/a/umn.edu/reading-healthcare-for-all/health-literacy-stories

A 77-year-old woman, Eliza, is beginning a new treatment for diabetes. She sits in her doctor’s office listening to the instructions and going over the next three months’ worth of treatment. The doctor assumes that she must know most of what he is talking about since she doesn’t ask questions and tells her what she needs to do after a few instructions before her treatment begins. What the doctor doesn’t know, because she kept this a secret for as long as she can remember, is that Eliza does not know how to read because she dropped out of school when she was eight to help with her family farm and never went back to learn. She has little medical background and barely knows anything about diabetes in general. He gives her pamphlets and written instructions that tell her everything she needs to know, but doesn’t tell her much about what the papers say. He says to let him know if she has any questions and she responds with, “okay, I will.” Unfortunately, since she can’t read the material and is too embarrassed to admit
she cannot read the information - which will lead to problems in continuing her health plan properly.

Case #2: The Urology Appointment

https://sites.google.com/a/umn.edu/reading-healthcare-for-all/health-literacy-stories

A 35-year-old man, Jon, is referred to a urologist for symptoms of a bladder tumor. Jon’s wife joins him on his appointments and asks the doctor many questions. As the doctor is answering the questions, his wife nods with understanding and listens carefully. Jon does not understand any of the words the doctor is using and wonders what most of the future tests mean for him, he is too embarrassed to ask the doctor to clarify the information plus his wife is next to him and understands the doctor fine. The doctor asks if he has any questions and Jon responds with, “no I don’t think so.” Even though he has quite a few, he will just ask his wife when they get home. This situation happens quite often when a patient brings someone with that has a higher health literacy level, they feel as though they must understand since the other person understands or if they don’t they will just ask for the secondhand information later.

Develop student skills with the following health literacy best practices checklist through discussion points, literature evaluation and selection, and clinical application.

**Checklist for promoting health literacy and guidelines for written materials:**

**Set out your objective**

- Define what outcome you need: for example, a patient taking medication at the correct time and dose, a patient refusing an injection with re-used equipment, a patient recognizing the symptoms of a disease and seeking further help
- Do not aim for more than one or two educational objectives
- Explain the purpose of all written material from the patient’s viewpoint
- Limit the content
- Emphasize what you want the patient to DO rather than just KNOW
- Be specific

**Engage the reader/viewer**

- Relate materials to the patient’s own experience
- Create interaction
- Tell stories to motivate people
- Provide a familiar context
- Make documents suitable for culture, age and gender
Make it easy to listen, read or watch

- Use short words
- Break up long sentences
- Avoid unfamiliar words and jargon, e.g., use “blood thinning” rather than anticoagulant, at least in the first instance
- Give a clear action message
- Use an active, not passive, voice
- Break up complex topics
- Use “road signs”

Make it look easy to read

- Allow lots of white space, no dense text
- Use cueing to direct the reader to key points
- Use large type, especially for older people
- Use sharp contrast. Remember 10 per cent of men are red/green color blind

Pictures

- Use pictures and diagrams to clarify text
- Select realistic visuals
- Use active captions
- Explain how to use lists, charts or diaries – give examples

Move beyond the page

- Consider using audio, video or slide presentations, if appropriate
- Remember that patients with low health literacy may not have access to the Internet

Test your products

- Conduct testing on all your materials
- Use individual interviews and usability tests to show how people go through the material.
- Consider two rounds of 10 interviews per product
- Use readability scales such as the Fry test. This formula suggests which level of school grade reading can cope with the text. Long and difficult words and long sentences make for difficult reading. To use this formula, count the number of syllables and sentences in three 100-word passages. Take the average of these numbers and refer to a Fry Test graph to find the grade level equivalent of the text. Other such formulas include the SMOG test and the Flesch test.
• Generally do not write at higher than 5th grade level (about 10 year-old reading level)

Educate staff

• Make sure everyone in the organization pays attention to health literacy
• Look out for conferences and opportunities to train staff on health literacy

Adapted from: TPN Issue 18, June 2003: Assisting Health Literacy

Resources

*Health Communication Tips*
Health Research for Action UC Berkeley

https://healthresearchforaction.org/sites/default/files/HRA%20Health%20Communication%20Tips_0.pdf

*Ask Me 3 Good Questions for Your Good Health*
Institute for Healthcare Improvement Tools

http://www.ihi.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx

Health literacy and patient safety: Help patients understand

*Health Literacy*
Pfizer

https://www.pfizer.com/health/literacy

Health Literacy Consulting

https://healthliteracy.com/

MN Health Literacy Partnership

https://healthliteracymn.org/

**Student Assessment**

Assess the students’ depth of understanding and engagement during role-plays and scenario discussions. Effective use of guidelines (checklist) with clinical experiences will strengthen student skills and provide objectivity when evaluating success with health literacy best practices. Critique, selection and creation of appropriate patient education materials can be peer and instructor evaluated to determine quality, suitability and effectiveness.

**Suggested Placement within Curriculum**

It is ideal to incorporate these case scenarios within a healthcare curriculum when the student is developing and reflecting on their patient education and communication skills. Further application is intended when the student/instructor can refer to the literacy checklist when sharing patient education materials during clinical patient care.