



Jewish General Hospital

How to Create Effective Written Patient Learning Materials

Adapted by the JGH Patient Education Network (PEN) Working Group from the McGill University Health Centre Standards for Developing Effective Written Patient Learning Materials 2007

2008

JGH.ca/PEN



Acknowledgements

This handbook was adapted with permission from:

C. Oliver, J. Asselstine, E.B. Peterson, L. Rosati-White, L. Stephenson, the MUHC Patient Education Network Committee, *MUHC Standards for Developing Effective Written Patient Learning Materials*, April 30, 2007 draft. We would like to thank the committee for their generosity in sharing this document with us.

We would also like to thank the JGH Auxiliary for their generous support which made possible the design and translation of this handbook.

Adaptation – Francesca Frati & PEN Working Group

Editing – Maggie Newing, Arlene Greenberg & PEN Working Group

Proofreading English version – Henry Mietkiewicz

Proofreading French version – Daniel Nahmias-Léonard

Design – Christine Lalonde

Translation – François Aubé

Cover photograph – Jean Marcotte

With the shorter length of today’s hospital stays and the increasingly complex nature of disease and treatment, we need to ensure that our patients and their caregivers are safe and have the best available information as they take a more active role in their care.

The JGH Patient Education Network (PEN) Working Group has created this handbook to help health professionals develop written learning materials that are directed toward patients. These materials may take the form of a pamphlet, an educational CD, a web-based program and so on.

While written learning materials are an important means of providing information and education to patients, they do not replace face-to-face discussion. (S. Johnson, Cochrane Collaboration, 2002).

Section 1:	Identifying the Learning Needs of Patients and Families and the Priorities of Health Professionals	4
Section 2:	Developing Content	5
Section 3:	Readability.....	6
	– Literacy and reading level	6
	– Language and writing style	6
	– Design and layout	7
Section 4:	Pre-publication Evaluation	8
Section 5:	Post-publication Review	8
Appendix 1	Checklist for Planning Your Educational Project	9
Appendix 2	Learning About the Needs of Your Target Audience	10
Appendix 3	The Flesch-Kincaid Grade Level Index	11
Appendix 4	The Clear Language and Design (CLAD) Reading Effectiveness Tool	12
Appendix 5.1	Feedback Procedure for Patient Education Material	13
Appendix 5.2	Example Feedback Questionnaire	14
Appendix 6	The MUHC and Health Literacy — A Brief Summary	15
Appendix 7	Contact Information	16
Appendix 8	Online Resources	17
References	18

Section 1: Identifying the Learning Needs of Patients and Families and the Priorities of Health Professionals

Before you begin writing your material, you should follow the steps outlined below. This will help to save you time in the long run and will ensure that the materials are best suited to the needs of your audience. If you need help with this process, you can contact a member of the JGH Patient Education Network (PEN) Working Group (See Appendix 6: Contact Information).

Create an interprofessional team. Identify the key JGH health professionals who are involved in the care of a particular patient population, and form a working group. Involve a patient representative in your team and consider involving community partners.

Check for existing materials. Don't reinvent the wheel. If you think your topic may be of interest to another department, collaborate to create a unified approach to JGH patient education. This will prevent unnecessary duplication and will ensure that consistent messages are communicated. And don't forget to check literature produced outside the JGH. JGH librarians will be happy to help you (see Appendix 6).

Determine your target patient population. Be specific. For example, cancer patients have multiple information needs. Does your target group consist exclusively of cancer patients or just those who are about to receive their first chemotherapy treatment? Consider the influence of other factors among your target group, such as reading level, cultural background, age and first language. Knowing your patient/family/caregiver population makes it easier to tailor material to your audience. However, if you are producing general public health material, you must take a more global approach.

The best way to make sure your materials are appropriate is to talk to members of the target audience before the design process begins. Then, let users review your draft and provide feedback (see Appendix 4: Feedback Procedure for Patient Education Material).

Conduct a needs assessment with members of your target patient/family population. Interview 6 to 10 former patients or conduct a focus group to learn about the educational needs of your target group (See Appendix 2 for a sample survey). Former patients can also supply you with feedback about information they feel new patients should know. In addition, they can provide feedback about how to best deliver the information. You may want to include family members in your focus group or interviews.

Determine your objectives and anticipated outcomes. Decide on the end goal of your educational intervention, i.e. the desired outcome. Identify the key messages that you want

to deliver, and the objectives you would like to meet. Using the results from your interview or focus group, determine the best method of delivery (i.e. face-to-face discussion, brochure, video, etc.).

If it is determined that a video would best suit the needs of your target population, you can contact the Audio-Visual Department for assistance (see Appendix 6).

Develop and plan your educational program. Based on the educational needs identified by the target group and those identified by healthcare professionals, you are now ready to plan your educational project/program. For example, a typical educational project might be a "same-day admission pamphlet" that considers the breadth of the cardiovascular patient's experience from diagnosis to surgery to rehabilitation to home. Educational needs/resources for patients should be developed for each phase (Maidment, 2005). (See Appendix 1: Checklist for Planning Educational Projects)

Consider time-line and budget. Ascertain whether your department has funds reserved for patient education materials and whether other sources of funding are available to you.

Think about access. Plan how you would like to disseminate the finished product. Will every patient receive one copy, or only certain patients, or only on request? At what point in their care will they receive a copy? Does the material need to be accompanied by an explanation/educational session or does it stand alone? If it stands alone, you may wish to consider giving one or two copies to the JGH Patient and Family Resource Centre to keep on file in the print collection. Contact Francesca Frati in the Health Sciences Library (See Appendix 6).

Think about quantity. Plan how many copies you wish to have printed. The more you print, the less expensive each copy will be. But be sure not to be left with too many unused copies.

Section 2: Developing Content

Materials should be evidence-based. Ensure that the information provided is the most up-to-date and evidence-based. Include references where appropriate, or state practice guidelines used.

It is very important to acknowledge the source of your information. If you are adapting your material from an existing pamphlet, booklet, etc., you must state this fact on your finished product. You can contact a JGH librarian for help.

Ensure that materials are in keeping with current health literacy standards (see Section 3: Readability).

The JGH logo should be present on all materials. If the material is produced in cooperation with McGill, the McGill logo should be included. For rules and regulations regarding this aspect of your materials, please contact the JGH Department of Public Affairs & Communications (see Appendix 6).

Consider using illustrations and photos to supplement your text. Visuals can help break up the text, make the material more lively and can help people who learn more easily by looking at images. For more information on how to use visuals, please see the Visuals portion of Section 3: Readability.

Ensure that information provided within your program is consistent. Check that information provided in inpatient and outpatient settings is consistent.

Use the objectives and outcomes you established in your educational plan to guide and structure your content.

Inform readers what they can expect to gain from reading your material. Readers want to know how reading your materials will benefit them. Answer the question, “What’s in it for me?” For example, in a booklet about how to quit smoking, tell readers right away that the information in the booklet could help them live longer, healthier lives.

Ensure that the document is available in at least both official languages (French and English). In the review process, be sure to include those whose first language is the language of the document. There are no official JGH translators. If you do not already have a translator and need help finding one, you can contact any member of the PEN Working Group (see Appendix 6). Translation usually costs between 13 and 22 cents per word.

Before translating, ensure that the document is at the correct reading level. Once the document has been translated, you may want to re-translate into English (called “back translation”) to make sure that the translation remains at an accept-

able reading level (See Section 3: Readability, and Appendix 3: The Flesch-Kincaid Grade Level Index). To do it yourself, assessing the reading level must be done in English, because there are no readily available tools that can assess the reading level of a document in other languages. Otherwise you can contact the Canadian Public Health Association Plain Language Service (PLS) directly for help with revising the French version (see Appendix 6). Other tools can assess the reading level in English, but the Flesch-Kincaid is the most readily accessible. For information regarding other tools, contact Francesca Frati (see Appendix 6).

It is recommended that you have the document proofread after it has been translated. The Public Affairs Department is available to proofread the document in English and French. Proofreading in English is also available through the library.

Include contact telephone number(s) that you have established for your patient groups’ follow-up. Make sure the contact people are fluent in the target language and are available during business hours (or around the clock if on a 24-hour hotline). Otherwise, you will frustrate your readers.

Include the name of the department that prepared the document and the date it was prepared.

Include a list of online and print resources. JGH librarians will be happy to help you find appropriate resources.

At the beginning or end of your document, add a disclaimer stating that this information is presented as a guideline and may not contain information about all aspects of care.

The following disclaimer has been approved in French and English by Public Affairs:

ENGLISH: This information should not be considered as medical advice. It is not to be used in place of a visit with a doctor, nurse or other healthcare professional. If you have questions about your individual medical situation, please consult with your healthcare professional.

FRENCH : Cette information ne doit pas être considérée comme un avis médical et ne doit pas remplacer une consultation avec un médecin, une infirmière ou un autre professionnel des soins de santé. Si vous avez des questions au sujet de votre situation médicale personnelle, veuillez consulter votre professionnel des soins de santé.

Section 3: Readability

The following section outlines some of the ways you can ensure that you are getting your message across. To read more about literacy in the patient population, please see Appendix 5: The MUHC and Health Literacy—A Brief Summary.

Literacy and reading level

A word of caution! Readability tests give you a general idea of how hard the document will be to read, based only on the words it contains. The tests do not consider the effects of layout or design elements. And they cannot tell you how well your audience will accept or understand your message. Pre-testing your material with the target audience is the best way to judge whether that material will be an effective communication tool.

Maintain a reading level between grade 6 and 8. To check the readability of your document, you can use the Flesch-Kincaid tool in Word (see Appendix 3) or the Clear Language and Design (CLAD) Reading Effectiveness Tool (See Appendix 4). If you need help editing your document for readability in English, please contact Francesca Frati in the Health Sciences Library, or the Centre for Literacy. If you would like the document to be edited for readability in French or English, you can contact the Canadian Public Health Association Plain Language Service (PLS) (see Appendix 6). The library service is free, but you will need to request an estimate for the other services directly from the providers.

Do not make assumptions about people who read at a low level. Maintain an adult perspective.

We need to be able to accommodate patients and families from a broad spectrum of learning needs, interests and abilities. For more **advanced learning**, identify trusted websites or create your own material. For those who have **difficulty understanding at a grade 6 to 8 reading level**, you will need to include other ways of teaching/learning: e.g. video, audiotape, one-on-one discussion.

Include a glossary of difficult terms instead of defining those words within the text.

Language and writing style

Choose your words carefully.

- **Keep your message short by using words of one or two syllables where possible.** If appropriate, limit sentences to 10 words and paragraphs to 3 to 5 sentences.
- **Write as though you were talking to a friend.** A conversational style has a more natural tone and is easier to read and understand. Read aloud what you've written to see how it sounds.

Say: If you come close to this chemical, it could make you sick

Don't say: Exposure to this chemical could cause adverse health effects.

Organize your messages so that they are easy to act on and recall.

- **Present one complete idea on one page or two facing pages**—if readers have to turn the page in the middle of your first message, they may forget that message.
- **Place the most important information at the beginning and end of your document**—the best method is to state your main message first, expand on that message in the middle of the document, and repeat it at the end.
- **Use headings and sub-headings to “chunk” text.** Use headings that express a complete idea, rather than just a word or two. For example: “Wear a seatbelt—it could save your life,” instead of “Seatbelts.” Questions often work well as sub-headings because readers can skim questions to see which ones apply to them or are of greatest interest. Questions can also make your materials seem interactive.
- **Leave more space above headings and subheadings than below them.** This gives a stronger visual link between the heading and the text that follows.

Inform readers of what you want them to do. State clearly the actions you want your readers to take. Use concrete nouns and an active voice.

Say: To avoid getting sick from food, follow these rules:

- Wash hands after handling raw meat
- Wash fresh fruits and vegetables before eating, etc.

Don't say: Following safety precautions can reduce food-borne disease transmission.

Limit the number of messages. Present readers with no more than three or four main ideas per document or section of your document

- **Clearly state the actions that readers are to take.** Skip details that are nice to know but irrelevant to the reader's healthcare needs. For example, if you are writing a brochure about how to prevent Lyme disease, you don't need to tell readers how and when Lyme disease was discovered.
- **Stick to one idea at a time.** Skipping back and forth among topics can confuse readers.
- **Avoid lengthy lists.** Limit lists to 5 or 6 items, as readers

—especially unskilled readers—tend to forget items in longer lists. If some items are more important than others, place them in the list in order of priority.

Use “you” throughout the material. Personalization helps readers understand what they are supposed to do.

Use alternatives to complex words, medical jargon, abbreviations and acronyms. For example, rather than saying “hypertension”, say “high blood pressure”. When no alternatives are available, spell complex terms and abbreviations phonetically and give clear definitions. (To find alternatives to complex words visit: www.eastendliteracy.on.ca/ClearLanguageAndDesign/thesaurus). When using abbreviations and acronyms, state them first and include the complete word in parentheses. For example, “Put your baby to sleep on his side or back to lower the risk of SIDS (sudden infant death syndrome).”

Be consistent with word use. Choose the most familiar words and use them throughout. For example, Mad Cow Disease and Bovine Spongiform Encephalitis may be the same thing to you, but your reader may think they are two different diseases.

Use analogies familiar to your audience.

- *Say:* Feel for lumps the size of a pea
- *Don't say:* Feel for lumps about 5 to 6 mm in diameter.

Instead of statistics, use general words like “most”, “many”, “half”. If you must use statistics, try putting them in parentheses.

Design and layout

Consult JGH graphic designers for the layout of your publication. You can hire a JGH graphic designer (see Appendix 6).

TEXT APPEARANCE

- **Use font sizes between 11 and 14 points** (examples of font sizes: 8, 10, 11, 12, 14).
- **Justify text to the left.**
- **Avoid words or sentences that only have CAPITAL LETTERS.** They are difficult to read.
- **Use Times New Roman or Arial font.** Do not use *Fancy* or *script* lettering.
- **Use boldface or underlining to emphasize words or phrases.** Limit the use of *italics* as it is difficult to read for those with lower literacy or poor eyesight. **Boldface** is better for online documents, as underlining is often used to indicate a hyperlink.

- **Use bolded subheadings to separate and highlight sections of the document.**
- **Use dark letters on a light background.**
- **Break up text with bullets.** For example: Children should get these shots by the age of two:
 - Measles/mumps/rubella
 - Polio

VISUALS

If using colours, be aware that some people are colour-blind and cannot tell red from green. However, effective materials don't have to be in colour.

- **Use pictures and photos with concise captions.** Keep captions near the graphics.
- **Present one message per visual.**
- **Number the sequences of images and captions.**
- **Create visuals that help to emphasize or explain the text.**
- **Avoid visuals that simply decorate your materials or are very abstract.** Simple illustrations or line drawings often work best. Please note that not all audiences understand cartoons or take them seriously.
- **When showing internal body parts, display the outside of the body for reference.** Avoid cutting off body parts.
- **Show your readers the actions you expect them to take.** Avoid images that show what the reader should *not* do.
- **Avoid graphs and charts unless they actually help with understanding.**
- **Balance the use of text, graphics and clear “white” space.** White space means leaving at least half an inch to one inch of white around the margins of the page and between columns. This limits the amount of text and visuals on the page.
- **Don't forget to cite the source of your images!** While it is easy to find images on the Internet, they are **copyrighted unless it is stated otherwise** and should be treated the same way you treat a journal article when you quote from it. Contact a JGH librarian for further advice.
- **Stock images.** In some cases, you will be able to purchase images from a stock image company for a small fee.
- **The Audio-Visual Department can help by creating images or taking photographs for you.** (See Appendix 6)

Pre-testing visuals with your target audience is important as a way of making sure your message is clear and culturally acceptable.

Section 4: Pre-publication Evaluation

JGH learning materials for patients should be evaluated by patients/family members and your team of health professionals before final approval and publication.

Always test your materials on a sample group (6 to 10 people) from your target audience. Evaluate the feedback and revise your material if necessary. Testing during the writing process can also help ensure that your audience understands the message (see Appendix 4: Feedback Procedure for Patient Education Material).

Have your interprofessional team review the final document before mass production. It is advisable to have Public Affairs review the document at this time. Members of the department are available to proofread the document in English and French. Proofreading in English is also available through the library.

Section 5: Post-publication Review

It is advisable to review patient learning materials every two years to ensure that they remain current and relevant. Some things to check for:

- Changes in evidence/clinical practice.
- Changes in contact numbers/people.
- Feedback about the effectiveness of the document:
 - Do patients seem confused by the information? Are they using the document?
 - Are patients following the instructions?
 - Is there an increase in the number of appointment cancellations or complications with treatment? This might indicate that the material you have produced has created confusion.
 - Have there been changes in the procedure, time or place of events?
 - Are there changes in the pre- or post- instructions?
 - Are there new drugs?
 - Are there changes in the equipment the patient needs to use?

JGH learning materials for patients should be evaluated by patients/family members and the team of health professionals before final approval and publication.

Appendix 1 – Checklist for Planning Your Educational Project

- Identify your target population of patients.
- Create an interprofessional JGH/community healthcare team. It is advisable to include a patient among the representatives.
- Identify the informational needs of your patient population: needs identified by the patients themselves (focus groups, patient interviews), and those identified by health professionals.
- Identify learning objectives.
- Prioritize your learning objectives and determine how they will be met.
- Decide how you will get your message across:
 - Written information (pamphlet, handout, carbon or photocopy of health professionals notes, web page, etc.)
 - Podcast
 - DVD/Videotape
 - Poster
 - Computer-assisted/web-based learning
 - Other _____
- Decide at what point the material will be distributed:
 - Self-serve
 - During first visit
 - At discharge
 - At decision point
 - At diagnosis
 - When a new prescription is given
 - Pre- or post-intervention
 - Other _____
- Decide how the material will be distributed:
 - JGH/Departmental Website
 - Self-serve display
 - As part of welcome/discharge kit
 - Accompanied by discussion/instruction during visit
 - Other _____
- Decide how you will promote the material:
 - JGH/Departmental Website
 - JGH TV
 - JGH News
 - Word of mouth
 - Library
 - No promotion
 - Other _____

Appendix 2 – Learning About the Needs of Your Target Audience

To determine the learning needs of a target population, you might consider interviewing patients who have had experience with the condition, test, drug, procedure, etc. You might also consider interviewing their family/caregivers and asking what kind of information they would have found helpful.

Below are some questions you might include in the interview. You can add to these questions or modify them to suit your specific needs. Once you start to get repetitive answers, you have interviewed enough patients (usually around 6-10). Record the information so that you are able to see trends. (These questions were adapted from – Health Literacy Project, Phase 1: Needs Assessment of the Health Education and Information Needs of Hard to Reach Patients, The Centre for Literacy, 2001.)

1. General Information:

- a. Gender
- b. Age
- c. Cultural background
- d. First language

2. What kind of information would have been most helpful to you in understanding how to [insert topic here] ?

(Offer some suggestions if the individual or group has difficulty answering this)

For example:

Medical information about the illness, procedure

Information about daily living: diet, exercise, activity level, etc.

Instruction on how to take medication, about tests (blood tests, x-ray, etc.)

Information about how you feel, how you cope, how the illness has changed your life

Information about healthcare organizations in the community

Information about how to get around the hospital

Help to fill out forms

3. What is the easiest way for you to learn about your health?

For example:

Do you like to be alone with a teacher?

Do you like to be in a group with other patients?

Do you like to read information?

Do you like to watch a video?

Do you like to have someone explain it to you verbally?

Do you like to use a computer?

4. If you have a skill to learn, (*mention a skill needed for the patients in the unit or with the specific condition*), do you prefer to

- i. Practice alone
- ii. Practice in front of a health care worker

Appendix 3 – The Flesch-Kincaid Grade Level Index

What is Flesch-Kincaid?

Flesch-Kincaid is a simple tool you can use in Microsoft Word to assess the readability of a portion of text **in English**. See Appendix 4 for a tool that works in other languages. The tool assesses two aspects of the text, reading ease and grade level, which are given corresponding scores. The Grade Level Index test is automatically calculated on your Word document. After Word completes a grammar check (under tools in the tool bar), readability statistics are displayed.

What do the numbers mean?

Readability is based on the average number of syllables per word and the average number of words per sentence. You will be given two numbers, one for Reading Ease and one for Grade Level. For example, the previous paragraph is given the following score, which is too high:

Flesch Reading Ease **50.3**
Flesch Kincaid Grade Level **10.3**

Reading Ease: the higher the score, the easier the text is to read. **Target score is above 60**, which is considered easily read and understood by students at the Grade 8 to Grade 9 grade level.

Grade Level: this number corresponds to grade level, i.e., the number of years of schooling required to be able to read

To lower the scores, compose shorter sentences and reduce the number of words with three syllables or more. The following is excerpted from The Maternal-Child Division booklet, entitled Welcome to the Jewish General Hospital:

Before:

Rooming in – After your baby’s birth, you and your baby will be admitted to your postpartum room where you will remain together during your hospital stay. This model of care supports the development of the parent infant relationship and offers families more opportunities to learn parenting and infant care skills. In special circumstances, or if your infant needs closer supervision he/she may be observed in the main nursery. Healthy infants are expected to stay in the room with their mothers. 48.2/11

After:

Rooming in – After your baby’s birth, you and your baby will be taken to a room where you will stay together until you go home. This helps you to bond with your baby and gives you and your family the chance to learn parenting skills and how to care for your baby. If your baby needs to be watched more closely, he or she may be put in the main nursery. Healthy babies stay in the room with their mothers. 79.7/7.1

How do I use the tool?

The Flesch-Kincaid tool is built into Word and is very easy to use:

- 1) Open your document in word.
- 2) Highlight the portion of text you would like to assess.
- 3) Run a spell check: from the **Tools** menu select **Spelling and grammar**. Click on Options. Under **Grammar** make sure that the **Show readability statistics** box is checked. Click **OK**.
- 4) When the spell check is complete, you will be asked if you would like Word to continue checking the rest of the document. Click **No**. You will then be shown your readability statistics for that section of text.

Tip: It is advisable to assess smaller chunks of your document separately, as well as the document as a whole. This will allow you to target “problem” areas.

Tip: It is advisable to write down the readability statistics before you edit the text, for purposes of comparison.

Appendix 4 – The Clear Language and Design (CLAD) Reading Effectiveness Tool

The Reading Effectiveness Tool developed by Clear Language and Design* can be used to assess the reading level of your document. Clear Language and Design is a Toronto-based public education program run by East End Literacy, “a non-profit organization that helps adults learn to read and write and educates the public about literacy issues.” (CLAD, 2008)

While it has not been tested it should work in any language you are able to read since it is up to the user to input information about the document. This information is then processed by the tool which calculates the reading level of the document as compared to your target reading level.

The tool is easy to use, if somewhat time consuming. In theory it provides a much better sense of reading level than the Flesch-Kincaid tool since it takes into account not only word length, number of words per sentence and sentence length, but also layout, tone of voice and overall organisation of the document.

**To use the tool go to this link and follow the instructions:
www.eastendliteracy.on.ca/ClearLanguageAndDesign/readingeffectivenessstool**

**CLAD also has a thesaurus that provides alternatives to complicated words (See Appendix 8 Online Resources).*

Appendix 5.1 – Feedback Procedure for Patient Education Material

To evaluate your educational material, get opinions from 6 to 10 members of your target population. Use a version of the product that is as close to the final version as possible.

Whether you form a focus group or hand out a questionnaire, first ask if anything is unclear. In this way, if something about the document is bothering them they can express their problem right away.

Your goal should be to find out if your patients can:

Understand the information:

This is about words and ideas. For example, consider the term “patient-controlled analgesia” (remember to define the term in your material). You may want to ask your group what this is, to ensure they understand. To be sure they understand a concept like “bandage check”, you may want to ask who does the checking and what are we checking for. The words are easy, but the idea is not really that clear.

Find the information they are looking for:

Ask your patients questions from the document. This is not a memory test. You want them to be able to search the document and easily find the answers to your questions:

For example, “When can you take a shower after your operation?” “When can you play golf?”

Act on instructions:

For example, if the brochure says, “If you have a fever call your doctor”, ask the participants what is considered a fever. Which doctor should they call? Is the phone number available? (remember to include the number in your material)

Understand the illustrations/pictures:

Ask the patients to describe the pictures and ask them if they find these graphics helpful.

If you ask these kinds of questions, it will quickly become clear where and what you need to clarify.

Keep in mind that people often do not realize that they do not understand something. Also, they do not like to admit it when they do not understand something. You need to probe.

Finally, divide your document into sections and ask your patients to put the parts back together like a puzzle. How do they think it should be organized? You will be amazed!

*Eileen Beany Peterson
Librarian, Info Neuro Patient Resource Centre, 2006*

Appendix 5.2 – Example Feedback Questionnaire

We are in the final stages of developing a booklet/information sheet on

We would appreciate your feedback.

What is the subject of this document? _____

Is the information helpful? Yes No

1. Please read the booklet/sheet and circle any words or ideas you do not understand.
2. Please read the booklet/sheet and tell us if you can easily find this information [insert information here]: (This is not a memory test)

3. Please read the booklet/sheet and tell us if you can easily find these instructions [insert instructions here]:

4. Is there any other information that you think is important, but has not been included?

Thank you for your help!

Adapted from: InfoNeuro: Patient Evaluation of Learning Material, 2006

Appendix 6 – The MUHC and Health Literacy—A Brief Summary

A Health Literacy study conducted at the MUHC from 1999-2000 found that patients, family members and caregivers have different health education needs (Centre for Literacy, 2001). The study found that patients want more information about their illness, about the tests and medications they are taking, and about daily living with their illness, including diet, exercise, and activity level. Similar to the patient, family members and caregivers want information about the illness, tests and medication and daily living with the illness. This group is also interested in knowing about the patient’s feelings, coping with the illness, impact on the family life and health resources in the community.

In 2003, the International Adult Literacy and Skills Survey assessed the literacy of 23,000 Canadians. It found that 54 per cent of Quebecers scored less than level 3, which is the minimum literacy skill level required for today’s workplace. In a MUHC literacy study 60 per cent of patients said the written patient education documents that were given to them were not useful because of a language barrier, or the patient could not read. The remaining 40 per cent found the documents very useful. The study also identified that family members and caregivers are interpreters, readers and mediators when there are barriers to communication.

Much work is needed to identify ways of reaching those persons who, by virtue of language or anxiety about their health, are considered “hard-to reach.” The MUHC Health Literacy Study (2001) also asked patients who were identified as being “hard-to-reach” about their preferred ways to learn (patients could chose more than one option hence total is greater than 100 per cent). They responded as follows:

Verbal explanations from a healthcare worker	94 %
Learning one-on-one with a teacher (e.g. nurse, doctor, or other healthcare worker)	85 %
Watching videos	70 %
Reading	66 %
Learning in a group with other patients	65 %

*For a more detailed summary and the original report consult:
www.centreforliteracy.qc.ca/health/healthlt.htm*

Appendix 7 – Contact Information

The Centre for Literacy

(Literacy, translation)

3040 Sherbrooke Street West,
Room 4B.5A
Montreal, Quebec, Canada H3Z 1A4
514-931-8731, local 1415
Fax: 514-931-5181
info@centreforliteracy.qc.ca
www.centreforliteracy.qc.ca

Editing

Canadian Public Health Association

Plain Language Service
613-725-3769
pls@cpha.ca
www.cpha.ca/fr/pls.aspx

Francesca Frati

(see Health Sciences Library)

JGH Audiovisual

Christine Lalonde

Linda VanInwegen

(Graphic design)
Local 5259 – A-807

Felipe Argaez

Jean Marcotte

Estelle Marcoux

Karina Jacobsen

(Photo, multimedia, video)
Local 5807 – C-112

Health Sciences Library A-200

Arlene Greenberg, Chief librarian

Local 5930
agreenbe@jgh.mcgill.ca

Francesca Frati, Librarian

Patient education specialist
Local 2438
ffrati@jgh.mcgill.ca
JGH.ca/hsl
JGH.ca/pfrc

Patient Education Network (PEN) Working Group

Francesca Frati, Library, Co-chair

(see Health Sciences Library)

Maggie Newing, Nursing, Co-chair

Local 4203 – mnewing@jgh.mcgill.ca

Joanna Bailey, Nursing

Local 1924 – jbailey@jgh.mcgill.ca

Arlene Greenberg, Library

(see Health Sciences Library)

Valerie Frunchak, Training and

Development

Local 5449 – vfruncha@jgh.mcgill.ca

Judy Hagshi, Family Medicine

Local 3056 – jhagshi@jgh.mcgill.ca

Sherry Katz, Physiotherapy

Local 8238 – skatz@pt.jgh.mcgill.ca

Althea McBean, Nursing

Local 2239 – amcbean@jgh.mcgill.ca

Marilyn Miller, Occupational Therapy

Local 8289 – m.miller@jgh.mcgill.ca

Daniel Nahmias-Leonard, Public Af- fairs & Communications

Local 2676 – dnahmias@jgh.mcgill.ca

Karen Rotenberg, Social Services

Local 8240 – krotenberg@jgh.mcgill.ca

Suzanne Rouleau, Occupational Therapy, ICFP

Local 5154 – srouleau@jgh.mcgill.ca

Donna Schafer, Dietetics

Local 5041 – dschafer@jgh.mcgill.ca

Public Affairs and Communications A-106

Local 5818
JGH.ca/media

Printing

For printers please contact any
member of PEN.

Translation

L'Association Canadienne de santé publique

Service de revision en style clair
et simple
(see Editing)

For more translators please contact
any member of PEN.

Appendix 8 – Online Resources

Clear language and Design (CLAD) Reading effectiveness tool

www.eastendliteracy.on.ca/ClearLanguageAndDesign/readingeffectivenessstool

CLAD Thesaurus (provides alternatives to complicated words and phrases)

www.eastendliteracy.on.ca/ClearLanguageAndDesign/thesaurus

Northwest Territories Literacy Council (a plain language audit tool)

www.nwt.literacy.ca/plainlng/auditool/cover.htm

Harvard School of Public Health – Health literacy

www.hsph.harvard.edu/healthliteracy

PlainTrain- plain language online training program

www.hsph.harvard.edu/healthliteracy

University of Minnesota Library Bio-Medical Library –

Patient level materials: creating

www.biomed.lib.umn.edu/help/guides/patiented#toc20583

References

- L' Association canadienne de santé public. Répertoire d'information sur la santé en langage clair. Available at: www.pls.cpha.ca/francais/startf.htm. Accessed 18 June, 2008.
- L'Association canadienne de santé public. Service de revision en style clair et simple. Available at: www.pls.cpha.ca/francais/startf.htm. Accessed 18 June, 2008.
- Centre for Literacy. Health Literacy. Available at: www.centreforliteracy.qc.ca/health/healthlt.htm. Accessed 18 June, 2008.
- East End Literacy. Clear Language and Design (CLAD). Available at: www.eastendliteracy.on.ca/ClearLanguageAndDesign/about/about.htm. Accessed Dec 17 2008.
- Gonzales R., Sauaia A, Corbett KK, Maselli JH, Erbacher K, Leeman-Castillo BA, et al. Antibiotic treatment of acute respiratory tract infections in elderly: effect of a multidimensional educational intervention. *J Am Geriatr Soc.* 2004; 52(1):39-45.
- Hernandez TL, Rupnow JM, Currie KA, Prociouk JK, Adams J. Creating an outcomes-based tool for learning barrier assessment in an outpatient education program. *J Contin Educ Nurs.* 2003;34(2):78-85.
- Hoffmann T, Worrall L. Designing effective written health education materials: Considerations for health professionals. *Disabil Rehabil.* 2004;26(19):1166-73.
- Johnson A, Sandford J, Tyndall J. Written and verbal information versus verbal information only for patients being discharged from acute hospital settings to home. *Cochrane Database Syst Rev.* 2008;2:CD003716.
- Jones J. Patient Education and the use of the World Wide Web. *Clin Nurse Spec.* 2003;17(6):281-3.
- Klein-Fedyshin M, Burda ML, Epstein BA, Lawrence B. Collaborating to enhance patient education and recovery. *J Med Libr Assoc.* 2005;93(4):440-5.
- Krouse HJ. Video modeling to educate patients. *J Adv Nurs.* 2001;33(6):748-757.
- Maidment IR. Developing patient information: a UK approach. *Eur J Cancer Care.* 2005;14(5):466-475.
- Monsivais R, Reynolds A. Developing and Evaluating Patient Education Materials. *J Contin Educ Nurs.* 2003;34(4):172-6.
- Mordiffi SZ, Tan SP, Wong MK. Information provided to surgical patients versus information needed. *AORN J.* 2003;77(3):546-561.
- National Library of Medicine, National Institutes for Health. How to Write Easy-to-Read Health Materials. Available at: www.nlm.nih.gov/medlineplus/etr.html. Accessed 18 June, 2008.
- Phelan EA, Deyo RA, Cherkin DC. et al, A video programme plus a booklet was more effective than a booklet alone for increasing patient knowledge about lumbar spine treatment options for low back pain. *Evid Based Nurs.* 2001;4:84.
- Redman BK. *Measurement Tools in Patient Education.* 2nd ed. New York: Springer Publishing Co.; 2003.
- Redman BK. *The Process of Patient Education.* 7th ed. St. Louis: Mosby; 1993.
- Suhonen R, Nenonen H, Laukka A, Valimaki M. Patients' information needs and information received do not correspond in hospital. *J Clin Nurs.* 2005;14(10):1167-76.
- University Health Network. *Improving health through education: Patient Education Task Force final report.* 2004.