

The power of education

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The day of the doctor and the nurse telling the patient what to do is over. Shared decision making is the new model. Patients often come into the health care setting with copious amounts of information related to their suspected or actual diagnosis. Although seen as challenging at times, these patients are the fortunate ones. They believe they have identified their problem, they feel good about what they know, and they are planning to remain as healthy as possible. The health care professional then needs to assess the beliefs held by the patient and together they decide the direction that will send the patient to the road to recovery.

Another faction of society needs to be recognized and receive our understanding, patience, and perseverance. It is the population health care professionals are often remiss to acknowledge—those who struggle with health literacy. According to the US Department of Health and Human Services, “Health Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

Assisting the patient in un-

derstanding multiple health care options is rapidly becoming a top identified need for professional development among health care professionals. In late 2005, the licensed nursing staff of the Franciscan Skemp system received a survey containing 9 competency statements related to patient/family education. Nurses were asked to rate their perceived personal skill level for each statement from “little or no skill” to “expert skill” and to rate their perception of the importance of that skill from “not at all important to critically important.”

The survey returns (38%) were analyzed for level of skill proficiency and importance of that skill. The competency statement with the lowest proficiency and the highest importance rating was: *Determines patient’s ability to read, understand and act on health care information (health literacy) and adjusts teaching methods accordingly.*

A team of inpatient and outpatient nurses was formed, led by a quality improvement nurse educator. Objectives were created for a learner-driven module. Format and possible content for the module was researched widely through Internet resources and others shared by Mayo Clinic with their affiliate members. Factors that were considered were ease of use for the learners, computer access, and cost. The team chose an educational video titled: *Health Literacy: Help your patients understand,*

produced by the American Medical Association.

The learner-driven module gained the support of nursing administration and became a mandatory education and competency for all licensed nursing staff in 2007. The success of this staff development program is currently being measured by the evaluation results. More than 600 evaluations have been returned. One hundred percent of the participants agreed that the objectives of the program have been met. Nearly 100% agreed that the content is relevant to their practice. Seventy-three percent agreed that their level of confidence in applying their new knowledge is at a proficiency scale of 80%-100%. Comments included: “Makes you stop and think when giving discharge instructions and medication information.” Another significant comment was: “So easy to forget patient’s understanding in the environment that we are in everyday. We really do make judgments about people and take too much for granted.”

As we come to the end of 2007, the awareness continues with the completion of the competency. To sustain our efforts, the nursing orientation committee has scheduled the education and video to be included in the monthly central nursing orientation for all nursing staff coming into our system.

The nursing department also brought this staff development

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Table 1. Simplify, Verify, Clarify and Repeat as Necessary.

Simplify

- Assess the patient's baseline understanding.
- Use everyday language, not medical jargon and acronyms.
- Choose materials written in plain language.
- Help patients with written materials such as intake forms and instructions. Write down or highlight important points.
- Emphasize only 1 to 3 key points each visit.
- Focus instruction on what the patient needs to do. Provide more detailed information at the patient's request.
- Ask patients if they would like a family member or friend to accompany them for discussions of medical care, registration, or insurance coverage.

Clarify

- Use interpreter and translator services as needed.
- Use pictures, diagrams, videotapes, or other visuals whenever possible.
- Remember, while patients may be able to read the words in our medical information and intake forms, they may not understand what the words ask them to do.
- Change your expectations. Presume that patients and visitors won't understand the first time information is presented. Repeat and reword key concepts and instructions.
- Slow down. Although you may have provided the same information to hundreds of patients, your patient is likely hearing it today for the first time.
- Encourage patients to ask questions without fear or embarrassment.

Verify

- Use the "teach back" techniques. When possible, have patients demonstrate a new skill.
- Avoid misunderstandings. Don't ask patients if they understand. Instead, ask patients to tell you what they have understood.
- Ask open-ended questions: What do you need to do next? How will you take this medication?
- Place the responsibility on yourself: "I want to be sure that I did a good job explaining your heart medications, because this can be confusing. Can you tell me what changes we decided to make and how you will take the new medication?"

By this combined approach between the nursing and professional staff, it is our hope that we will be better able to serve our patients.

initiative to the attention of the physician leader for communication for both Franciscan Skemp and the Mayo Health System where work is being done on provider—patient communication. All health care professionals of the Mayo Health System are required to attend a day-long workshop on communication based on the 3 Function Model of Communication: information gathering, relationship building, and education. This resulted in the addition of a module on health care literacy basics into the workshop.

The module explains the scope and effect of the problem—about a third of the population have low health care literacy. These patients may fail to understand simple prescription instructions and experience difficulties in performing guidelines we give them. They may be unable to understand the

importance of managing chronic conditions as evidenced by diabetics with low health care literacy having worse glycemic control and more retinopathy. Another example is the majority of asthmatics with low health care literacy who cannot demonstrate proper use of their asthma inhaler. The patient may not understand words that we commonly use such as "apply locally," "benign," "blood in the stool," "bowel," "colon screening," "growth," "lesion," "lipids," "monitor," "orally," "polyp," "rectum," and "tumor."

Suggestions are given about how to identify the problem, with recommendation to health care professionals that they introduce the question to their patients in this way: *"How confident are you with filling out medical forms by yourself?"*

Ask-Tell-Ask is one of the models used to promote communication techniques with people seeking health care. Ask-Tell-Ask refers to an approach in patient education where the patient is asked what they understand before the professional explains a particular subject. The subject is explained and then the patient is asked to repeat in his or her own words what the professional said as a method of checking understanding.

An approach to working with patients with low health care literacy that was developed by the Section of Patient Education of the Mayo Clinic is called Simplify, Verify, Clarify and Repeat as Necessary (Table 1). This approach is valid for all patients, not just those with health care literacy issues.

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