

Teaching Health Professionals about Health Literacy: Approach, Techniques & Tools

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4th Biennial Wisconsin Health Literacy Summit
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Video

<http://video.google.com/videoplay?docid=7532921727946987722#>

Overview

Didactics – 60 min

- ▶ Background & rationale
- ▶ Health literacy best practices
- ▶ HL preparedness of health professionals
- ▶ Health professions training in health literacy
- ▶ HL competencies for health professionals
- ▶ Teaching techniques & tools
- ▶ Learner assessment and program evaluation
- ▶ A health literacy educational agenda

Workshop – 30 min

- ▶ Identifying and meeting educational needs of health professionals



Learning objectives

Participants will be able to...

1. Discuss the key elements of a health literacy educational competency for health professionals
2. List a variety of tools available for teaching health professionals about health literacy
3. Identify gaps in one's own or others' training around health literacy, and begin to identify practical means for filling those gaps

Background & rationale

Health literacy as *our* problem, not “*theirs*”

Traditional definitions leave out the roles and responsibilities of health care professionals

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Ratzan & Parker, 2000)

The Calgary Charter on Health Literacy (2009):

- ▶ Health literacy allows the public and personnel working in all health-related contexts to find, understand, evaluate, communicate, and use information
- ▶ Health care professionals can be “health literate” by presenting information in ways that improve understanding and the ability of people to act on information.

(http://www.centreforliteracy.qc.ca/Healthlitinst/Calgary_Charter.htm)

Calls to educate health professionals

Increasing and improving health literacy education for U.S. medical professionals is a priority area

(Coleman, 2011)

IOM health literacy report, 2004



- ▶ “Health professionals and staff have limited education, training, continuing education, and practice opportunities to develop skills for improving health literacy”
- ▶ “Professional schools and professional continuing education programs in health and related fields, including medicine, dentistry, pharmacy, social work, anthropology, nursing, public health, and journalism, should incorporate health literacy into their curricula and areas of competence”

(Neilsen-Bohlman et al, 2004, p161)

Teaching health care professionals

Issues/Barriers:

- Health professions students not necessarily selected for communication skills
- Medical students learn 16,000 (?) new words
- Hidden nature of low health literacy
- Very limited health literacy training for health professionals
- Crowded curricula
- Barriers to continuing education
- Fast-paced health care encounters
- Clear communication is disincentivized in health care!

Health literacy best practices

Health literacy practices

“All patient-centered care activities and protocols involving assessment of patients’ health literacy or actions taken either to improve their low health literacy or minimize its negative consequences”

(Barrett et al, 2008)

Or, the things health professionals do to bridge the “health literacy divide”

Examples of best practices for health professionals

From the Health Literacy Universal Precautions Toolkit:

▶ **Improve spoken communication**

Examples:

- Plain, non-medical language: Use common words when speaking to patients
- Slow down: Speak clearly and at a moderate pace.
- Teach-back: Confirm patients understand what they need to know and do by asking them to teach back directions.

▶ **Improve written communication**

▶ **Improve self-management and empowerment**

▶ **Improve supportive systems**

(DeWalt et al, 2010)

Health literacy preparedness of health professionals

Are health professionals prepared?

Studies show that health professionals generally lack adequate health literacy:

- Awareness
- Knowledge
- Skills

(Coleman, 2011)

Are health professionals prepared?

Attitudes

- ▶ Less is known

Table 1: Selected Questionnaire Items

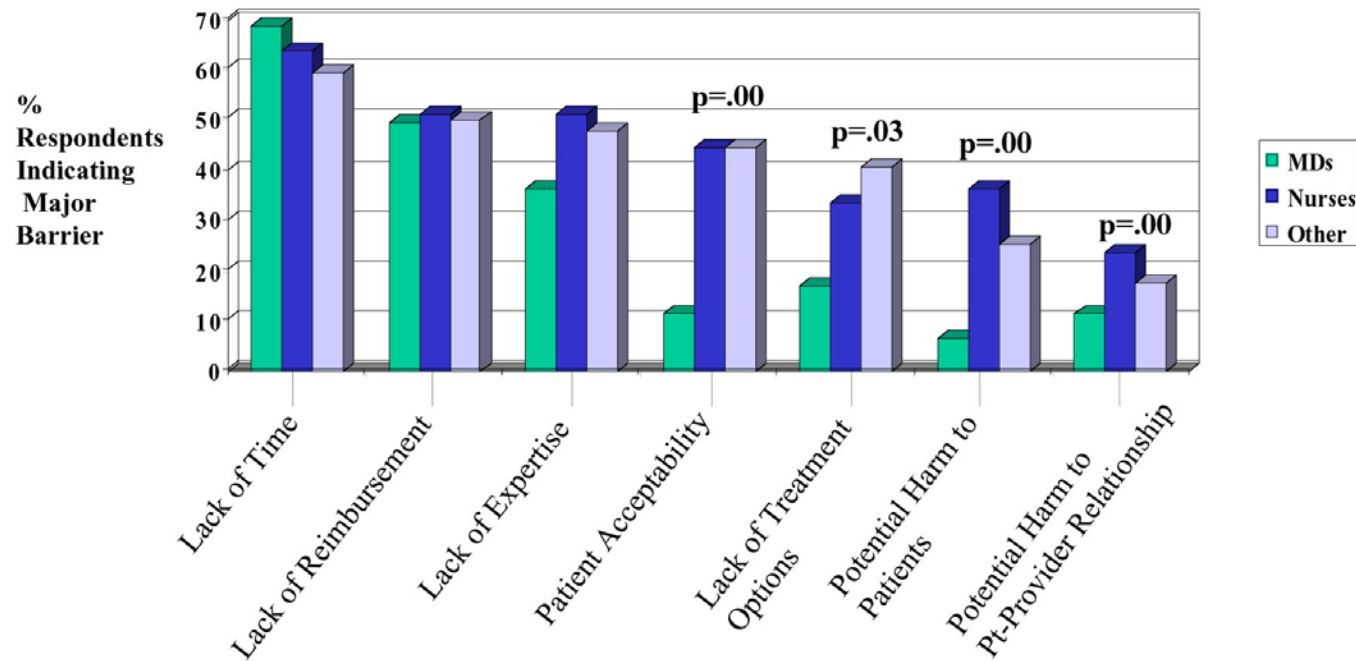
	% Strongly Agree or Agree			p
	MDs	Nurses	Other	
I can usually tell which of my patients have low literacy skills	35.5	54.2	58.3	.02
I would be concerned about an adult with low literacy making health care decisions for him/herself	18.0	39.6	46.3	.00
I would be concerned about an adult with low literacy making health care decisions for a young child	27.9	56.3	54.4	.00
Screening to identify low literacy would produce an unacceptable amount of anxiety or shame among patients	16.1	39.1	52.9	.00

(Coleman, unpublished)

Are health professionals prepared?

Attitudes

Figure 1: Perceived Barriers to Literacy Screening in Healthcare Settings



(Coleman, unpublished)

Are health professionals prepared?

Practices

- Many best practices for effective communication with low health literacy patients are not routinely used by physicians

(Coleman, 2011)

- In one study, physicians used a teach back technique in only 20% of encounters with patients with low literacy

(Schillinger et al, 2003)

Health professions training in health literacy

What are health professions schools doing?

- ▶ Health literacy curricula for health professionals are proliferating (Coleman, 2011)
- ▶ Such curricula can positively influence learners' knowledge, skills and attitudes (Coleman, 2011)
- ▶ Little known about health literacy teaching in US health professions schools or programs (Coleman & Donald, In review)
- ▶ No published guidelines for the recommended content or structure of health literacy curricula for health professionals

Survey of HL teaching in U.S. medical schools

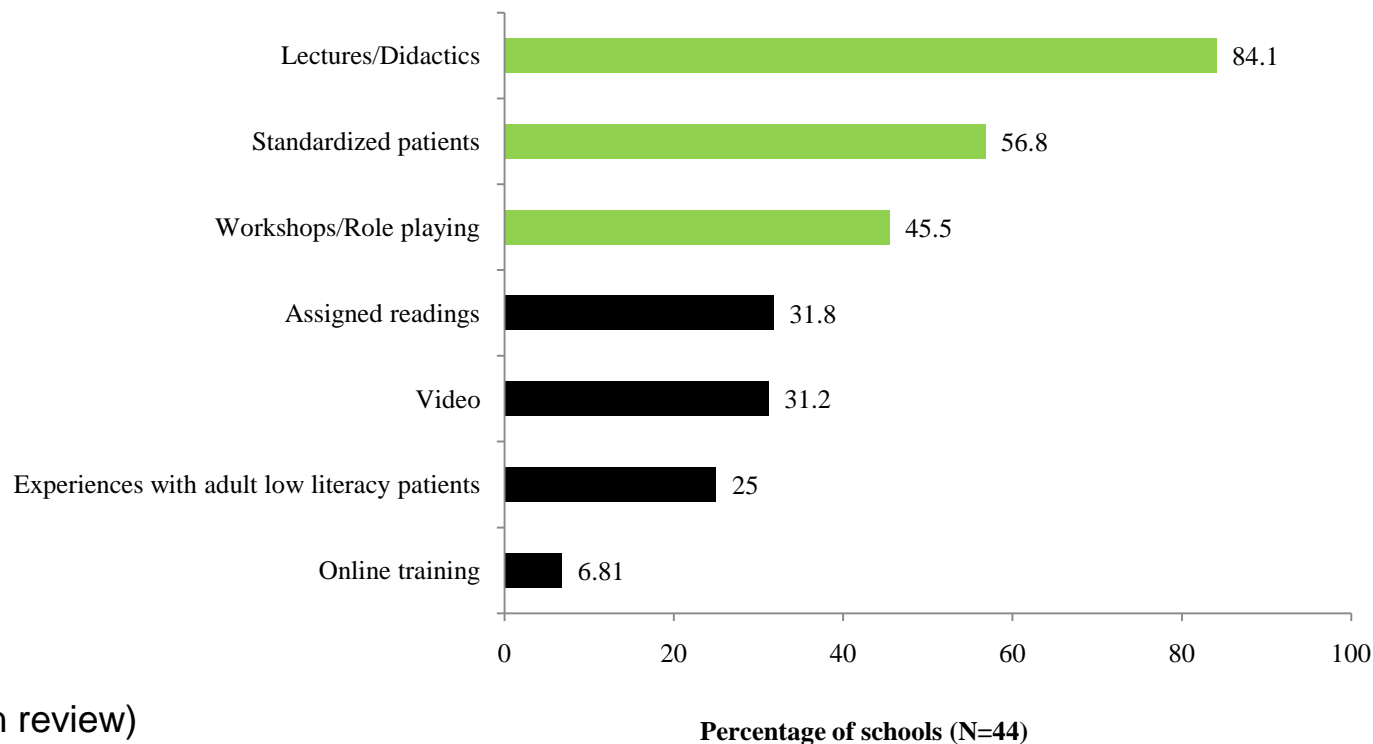
Email survey of 133 U.S. medical school deans, 2010:

- 63 respondents (47%)
- 72% reported teaching about HL in the required curriculum
- Median hours of HL instruction = 3
- Most instruction occurring in years 1 & 2

(Coleman & Donald, In review)

How is HL taught in U.S. medical schools?

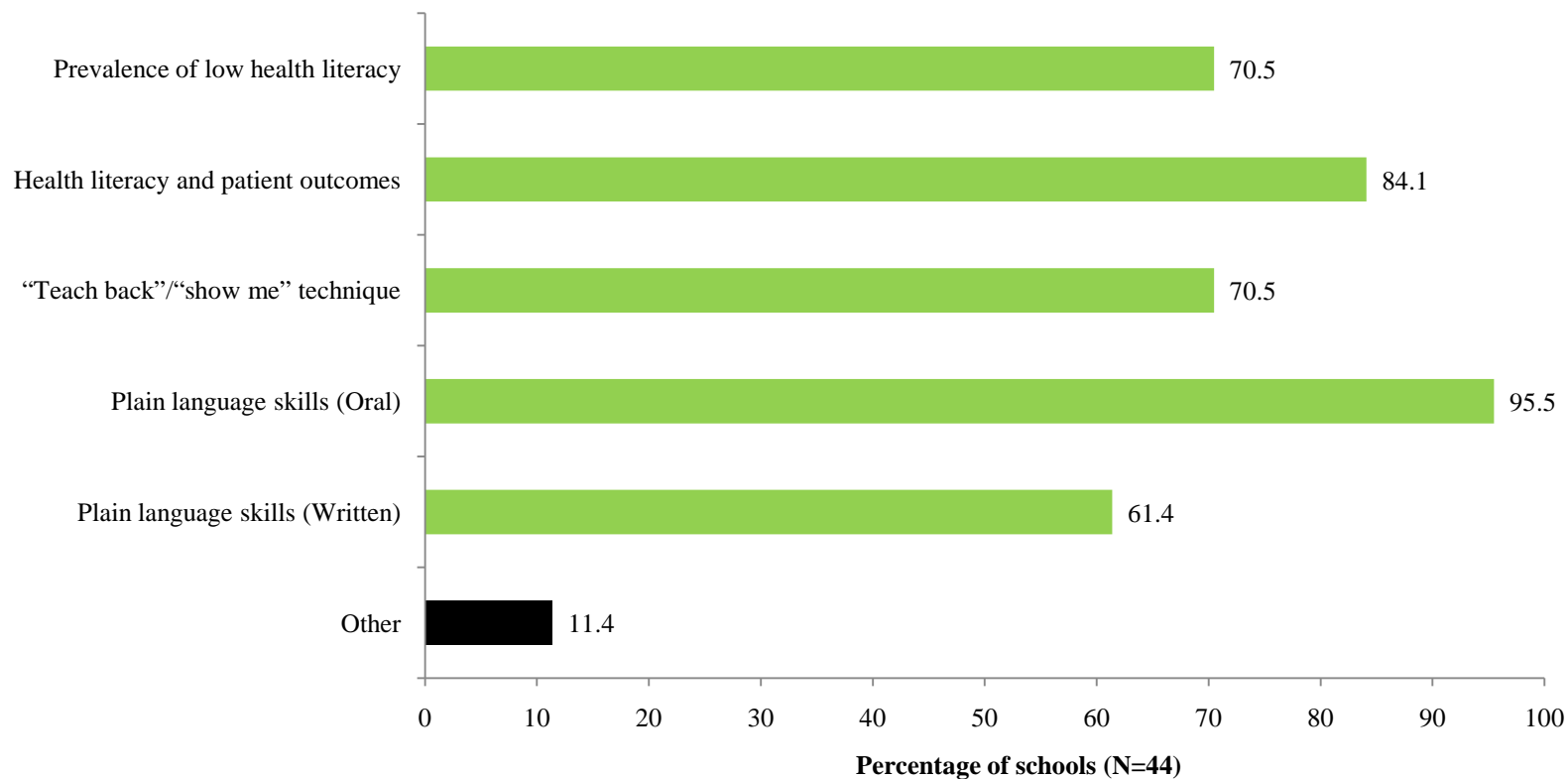
Method of teaching about health literacy in U.S. allopathic schools of medicine having a required curriculum in health literacy, 2010



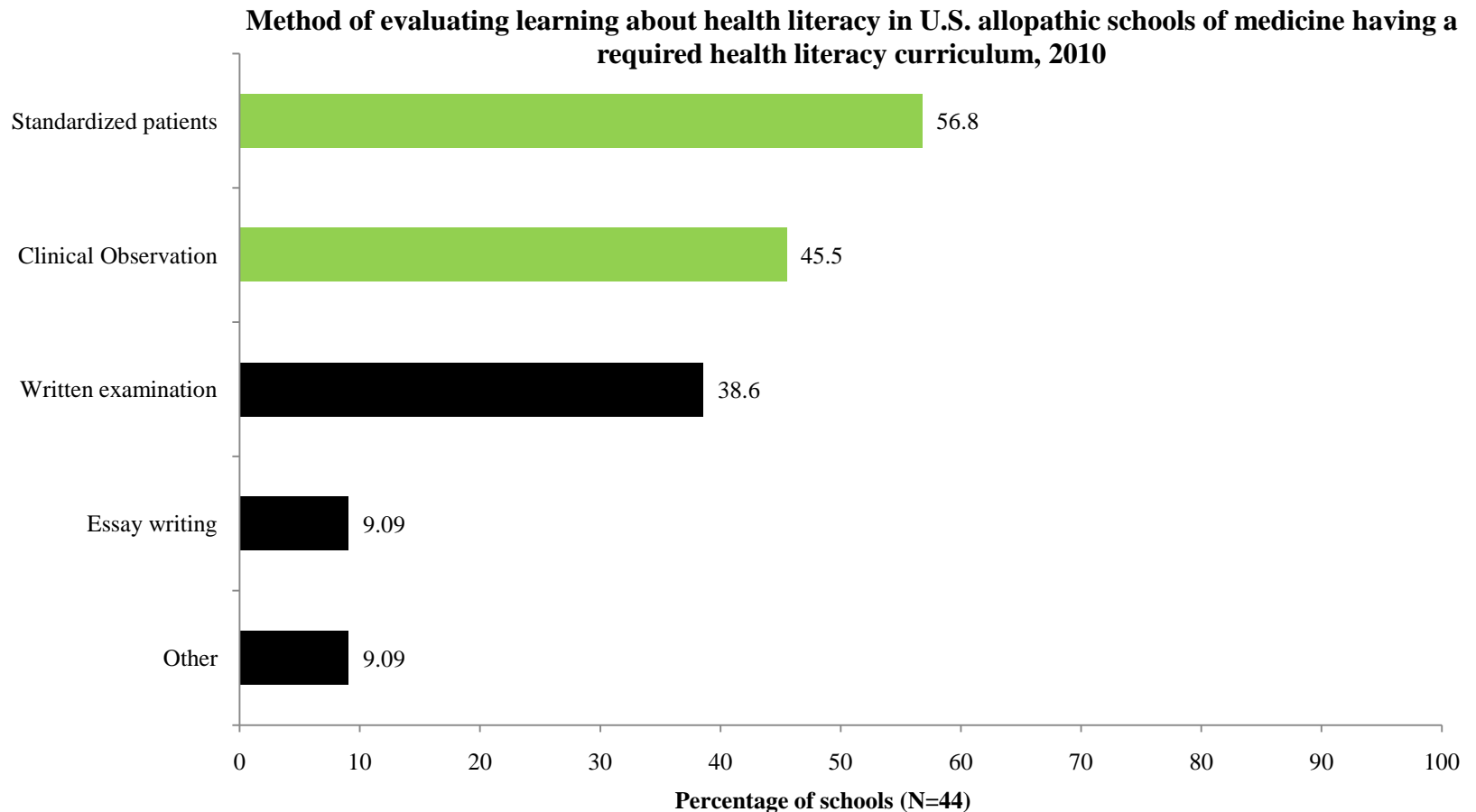
(Coleman & Donald, in review)

HL topics taught in U.S. medical schools

Topics taught about health literacy in U.S. allopathic schools of medicine having a required curriculum in health literacy, 2010



Evaluation of HL curricula in U.S. medical schools



HL competencies for health professionals

Competencies

- ▶ In health care, often defined in terms of:
 - Knowledge
 - Skills
 - Attitudes
- ▶ Minimum standards (not necessarily proficiency)

Performance standards

- ▶ Competency does not ensure positive behavior
- ▶ Barriers to applying one's competency exist
- ▶ The ultimate measure of educational success is the habitual application of desired behaviors in real world settings
 - Knowledge
 - Skills
 - Attitudes
 - Practices
- ▶ Especially useful for assessing professionals already in practice

Competency-based training

Translating best practices into competencies

- 3 Best practice examples (DeWalt et al, 2010)
 - Plain, non-medical language: Use common words when speaking to patients
 - Slow down: Speak clearly and at a moderate pace.
 - Teach-back: Confirm patients understand what they need to know and do by asking them to teach back directions.
- Competencies must be measurable

Translating best practices into measurable competencies – 3 examples

Best practice	Domain(s)	Competency. The learner...	Operationalization. The learner...
1. Use common words when speaking to patients	Knowledge Skills Practices	<u>Knows</u> which kinds of words, phrases, or concepts may be “jargon” to patients	<input type="checkbox"/> Uses little or no undefined jargon <input type="checkbox"/> Uses 0-4 jargon terms in 15 minutes
2. Speak clearly and at a moderate pace	Skills Practices	<u>Demonstrates ability</u> to speak slowly and clearly with patients	<input type="checkbox"/> Speech is perceived as appropriate pace, volume and clarity. <input type="checkbox"/> Speech is always intelligible
3. Confirm patients understand what they need to know and do by asking them to teach back directions	Knowledge Skill Practices	<u>Routinely uses</u> a “tech back” or “show me” technique to check for understanding	<input type="checkbox"/> Confirms patient’s understanding by asking patient to explain back in their own words (or show) what they have heard/seen at end of encounter <input type="checkbox"/> Puts onus on self, by saying “I don’t always explain things well. Tell me what you’ve heard.”

Defining health literacy competencies

Consensus development project

Federation of Associations of Schools of the Health Professions (FASHP):

- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Association of Colleges of Podiatric Medicine
- American Dental Education Association
- Association of Academic Health Centers
- Association of American Medical Colleges
- Association of American Veterinary Medical Colleges
- Association of Chiropractic Colleges
- Association of Schools & Colleges of Optometry
- Association of Schools of Allied Health Professions
- Association of Schools of Public Health
- Association of University Programs in Health Admin
- National League for Nursing
- Physician Assistant Education Association

Hosted by Health Literacy Missouri

Consensus development project

Overview of meeting and group

- 22 FASHP representatives met for 2 days in October 2010
- Engaged in a modified Delphi consensus development process
- Started with a literature review of health literacy best practices
- Debated and voted on:
 - 24 Knowledge items
 - 28 Skill items
 - 11 Attitude items
 - 32 Practice items

Delphi consensus method

- ▶ A validated method to capture expert opinions of groups
- ▶ Useful when empiric evidence is lacking
- ▶ Use is well described in healthcare competencies work
- ▶ Helps avoid overrepresentation of the loudest voice(s) in a group of experts

Example of consensus project rating scheme: knowledge item

I

3

K. Knowledge	Appropriate for <i>all</i> health professions graduates?				
The graduate...	(1) Very Appropriate	(2) Appropriate	(3) Less Appropriate	(4) Not Appropriate	Comments
K5. Knows which kinds of words, phrases, or concepts may be "jargon" to patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Important for health professions graduates?				
	(1) Very Important	(2) Important	(3) Less Important	(4) Not Important	Comments
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

K. Knowledge	Appropriate for <i>all</i> health professions graduates?				
The graduate...	(1) Very Appropriate	(2) Appropriate	(3) Less Appropriate	(4) Not Appropriate	Comments
K6. Estimates the prevalence of low literacy (or low health literacy) among the US	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Important for health professions graduates?				

Consensus development project

Decision rule – based on % of experts rating an item Very Appropriate/Very Important or Appropriate/Important

- $\geq 70\%$ considered “affirmative endorsement”
- $\leq 30\%$ considered “negative endorsement”
- 31%-69% considered “intermediate”

Consensus development project

Preliminary results

	Accepted Competencies			
	Round 1	Round 2	Round 3	Total
Knowledge (24)	19	5		24
Skills (28)	21	4		25
Attitudes (11)	11	-		11
Practices (32)	27	4		31

Teaching techniques & tools

Planning a curriculum

- ▶ Conduct a needs and resources analysis
 - Who are the stakeholders?
 - Who are the champions?
 - SWOT – strengths, weaknesses, opportunities, threats
- ▶ Consider the optimal approach for the given environment
- ▶ Consider teaching techniques
- ▶ Select tools

Teaching approach

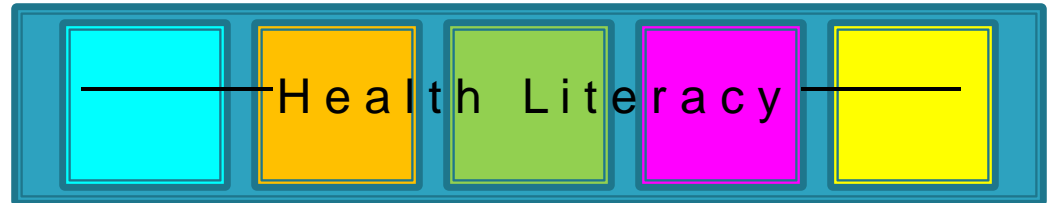
- ▶ Stand-alone?



- ▶ Episodic?



- ▶ Integrated?



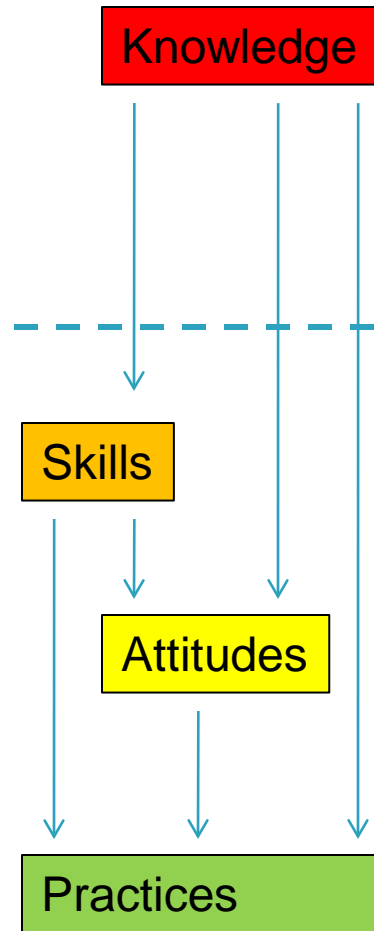
- ▶ Continuing education formats?

Teaching techniques

- ▶ Didactic
 - One-way exchange of information
 - Knowledge transfer
 - Lower cost (time, expertise)

-
- ▶ Experiential
 - Hands-on
 - Better for skill-building
 - Higher cost

- ▶ Mixed formats



Didactic teaching tool examples

- ▶ Print materials:
- ▶ Video:
- ▶ Lecture:
- ▶ Web-based:

(Coleman, 2011)

http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf - MSN Explorer

File Edit View Sign Out Help & Settings Feedback

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1 (1 of 62) 75% Find

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Available at <http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf>

AMA Foundation Health Literacy Video

- ▶ 22 minute health literacy overview
- ▶ Free on-line
- ▶ Knowledge and awareness-building



- Short
- High quality
- Impactful

Available at: http://classes.kumc.edu/general/amaliteracy/AMA_NEW3.swf

health_lit_ppt.ppt [Read-Only] [Compatibility Mode] Microsoft PowerPoint

Home Insert Design Animations Slide Show Review View Get Started

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New Slide Layout Reset Delete Slides

Font 28+ A A B I U abc S AY Aa

Paragraph Text Direction Align Text Convert to SmartArt

Drawing Shape Fill Shape Outline Shape Effects Arrange Quick Styles

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Slides Outline

1 38 Health Literacy
The Missing Link in Patient-Physician Communication
AMA-MSS Subcommittee on Health Literacy
Community Service Committee

2 Do you know?
Which of the following is the strongest predictor of an individual's health status?
A) Age
B) Income
C) Education level
D) Health or ethnic group
E) Average test results at HMC

3 Do you know?
Which of the following is the strongest predictor of an individual's health status?
A) Age
B) Income
C) Education level
D) Health or ethnic group
E) Average test results at HMC

4 The Problem:
Low Health Literacy

5 Definitions
• **Functional** health literacy: to read and write
• **Basic** health literacy: ability to only read/understand below 5th grade level
• **Complex** health literacy: ability to only read/understand between the 5th and 8th grade level
• **Expert** health literacy: ability to read/understand at the 8th grade level and above

6 Health Literacy
The ability to **understand, evaluate, and use** healthcare information to make effective healthcare decisions and follow health actions for treatment.

7

Click to add notes

Slide 1 of 38 "Whirlpool"

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start Pandora Radio - Liste... H:\Talks\Wisconsin H... IHA_HL&Technology5... Teaching Health Liter... health_lit_ppt.ppt [R...

Various PowerPoint slide sets available online

- Variable content, quality

HRSA Unified Health Communication training module

- ▶ Free 5-hour on-line training module
- ▶ Continuing Education credit
- ▶ Integrates health literacy, cultural competency, & limited English proficiency training

- Well designed
- Ambitious
- Some interactivity
- Lengthy
- Some technical glitches



<http://www.hrsa.gov/healthliteracy/default.htm>

Experiential teaching tool examples

- ▶ Workshops, Small-group Exercises, and Role Plays
- ▶ Video Review
- ▶ Simulated Encounters
- ▶ Direct Observation, Modeling and Feedback
- ▶ Service Learning and Exposure to Adults with Limited Literacy
- ▶ Other

(Coleman, 2011)

Video Review

- ▶ OHSU Family Medicine residents participate throughout 3 years of training
- ▶ 1-hour sessions include 2-3 residents and 1-2 faculty members
- ▶ Residents :
 - Consent selected patients to video prior to a clinic visit
 - Identify issue(s) to discuss
- ▶ Faculty
 - Focus on verbal and non-verbal communication
 - Complete an evaluation form

Direct Observation, Modeling and Feedback

- ▶ Listening for jargon activity at OHSU



Time To Talk **CARDIO**:

Creating Real Dialog In the Office

- ▶ Free on-line communication skill-building tool
- ▶ Developed by American Academy of Family Physicians Foundation, Canyon Ranch Institute, and RAISWorks
- ▶ Designed to improve communication skills of both patients and health professionals
- ▶ Over 550 brief videos demonstrating effective communication techniques
- ▶ Individualized video recommendations made based on responses to a brief questionnaire
- ▶ 5 Domains (LEAPS): Listening, Educating & counseling, Assessing, Partnering, Supporting & building rapport
- ▶ Pilot tested on 100 patients and 5 providers at OHSU in Fall 2009


(<http://www.timetotalkcardio.com/>)

Time to Talk Cardio - Microsoft Internet Explorer

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Video Library

Resources

News and Events

Time to Talk Cardio Network

IT'S TIME TO TALK CARDIO!

Creating a Real Dialogue In the Office...
about heart health

What it is

Time to Talk **CARDIO** is a program to help patients and health care professionals make the most of their conversations by **building communication skills** to help better manage heart health.

How it works


- Rate statements about communicating with your health care professional or patient
- See the top six skills most relevant to you
- View your needed skills in action by watching short videos of simulated office visits
- Print or save your list of skills
- Use the skills you learned during your next medical visit or patient interaction

Get started

[For Patients](#) [For Health Care Professionals](#)

Resources

Free worksheets, brochures, and more for patients and health care professionals to download or order.



Time to Talk **CARDIO** Announcements

[Andie MacDowell and 17th U.S. Surgeon General Dr. Richard Carmona Introduce Time to Talk **CARDIO**, An Innovative Program That Encourages People to Take Control of Their Heart Health](#)

- National Research on Patient-Provider Dialogue Showed Improvement in Select Communication Skills

Date: February 17-18, 2010

Done

start

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<http://www.timetotalkcardio.com/>

Learner assessment and program evaluation

Assessment

How will we know if someone is “competent?”

- ▶ Knowledge scale items being tested currently

(Devraj R & Gupchup GV, In review)

- ▶ “Learner Clinical Communication Checklist”

- Video review
- Standardized patient encounters

- ▶ Scales for assessing written skills, attitudes, and practices are needed

OHSU Family Medicine Learner Clinical Communication Checklist – DRAFT

Please review the information on the back. Rate the learner's performance on the following **health communication** and **plain language** (see back) best practices.

	The learner...	Not tried (0)	Inconsistently (1)	Consistently (2)	Comments (use back)
1	Elicits the patient's full set of concerns at the beginning of the encounter	<input type="checkbox"/> Did not ask if pt wanted to discuss anything beyond the chief complaint, or asked later in the encounter		<input type="checkbox"/> Asked if pt wanted to discuss anything in addition to the chief complaint at the beginning of the encounter	<input type="checkbox"/>
2	Speaks clearly, at a moderate pace	<input type="checkbox"/> Speech is perceived as too fast, too quiet, or garbled <input type="checkbox"/> Pt asks provider to repeat her/himself		<input type="checkbox"/> Speech is perceived as appropriate pace, volume and clarity. <input type="checkbox"/> Speech is always intelligible.	<input type="checkbox"/>
3	Avoids using jargon (see back), and defines unavoidable jargon	<input type="checkbox"/> Frequently uses undefined jargon <input type="checkbox"/> Uses 11 or more jargon terms in 15 minutes	<input type="checkbox"/> Occasionally uses undefined jargon <input type="checkbox"/> Uses 5-10 jargon terms in 15 minutes	<input type="checkbox"/> Uses little or no undefined jargon <input type="checkbox"/> Uses 0-4 jargon terms in 15 minutes	<input type="checkbox"/> List undefined jargon on back →
4	Summarizes the key elements of the encounter at the end of the encounter	<input type="checkbox"/> Does not attempt to summarize, list, or prioritize key elements of the encounter (diagnosis, recommended tests, medications, referrals, follow-up plan)	<input type="checkbox"/> Attempts to summarize, list, or prioritize key elements of the encounter <input type="checkbox"/> But does not limit the list of key items to 5 or less items	<input type="checkbox"/> Attempts to summarize, list, or prioritize key elements of the encounter <input type="checkbox"/> Limits key items to 5 or less	<input type="checkbox"/>
5	Elicits questions in a patient-centered manner at the end of the encounter	<input type="checkbox"/> Does not provide a specific opportunity for patient to ask questions at end of encounter	<input type="checkbox"/> Asks "do you have any questions?" or "does this make sense?" at end of encounter	<input type="checkbox"/> Asks "what questions do you have?" at end of encounter	<input type="checkbox"/>
6	Checks understanding with a "teach back," or "show me" technique, in a non-shaming manner, at the end of the encounter	<input type="checkbox"/> Does not check whether patient understands provider's advice or directions at end of encounter	<input type="checkbox"/> Checks patient's understanding by asking "does that make sense?" or "OK?" at end of encounter <input type="checkbox"/> Or, confirms patient's understanding by asking patient to explain (or show) back in their own words, but puts onus on pt, by asking "tell me what you understand"	<input type="checkbox"/> Confirms patient's understanding by asking patient to explain back in their own words (or show) what they have heard/seen at end of encounter <input type="checkbox"/> Puts onus on self, by saying "I don't always explain things well. Tell me what you've heard."	<input type="checkbox"/>

Revised 1/28/11 based on 1/27/11 OSCE

Standardized patients

- ▶ Lay individuals (lay “actors”) trained to simulate patients in a realistic consistent manner
- ▶ SPs learn the details of a case, including history of present illness, past medical history, medications, social history, and family history. They simulate the physical signs of the case
- ▶ SPs play the scripted role of a patient, and are interviewed and examined by students

Observed Structured Clinical Exam (OSCE)

- ▶ Competency assessment method of choice
- ▶ Widely used in US medical schools
- ▶ Can provide formative and summative evaluation
- ▶ 2 hours of testing time needed to achieve reliability coefficients above 0.7 for communication skills
- ▶ Relatively costly, and time- and energy-intensive

(Turner & Dankoski, 2008)

OHSU Clinical Performance Exam

- ▶ A variation on the Observed Structured Clinical Examination (OSCE)
- ▶ 4th-year medical students; 2nd-year Physician Assistant students
- ▶ 6 cases, including 1 “health literacy” case

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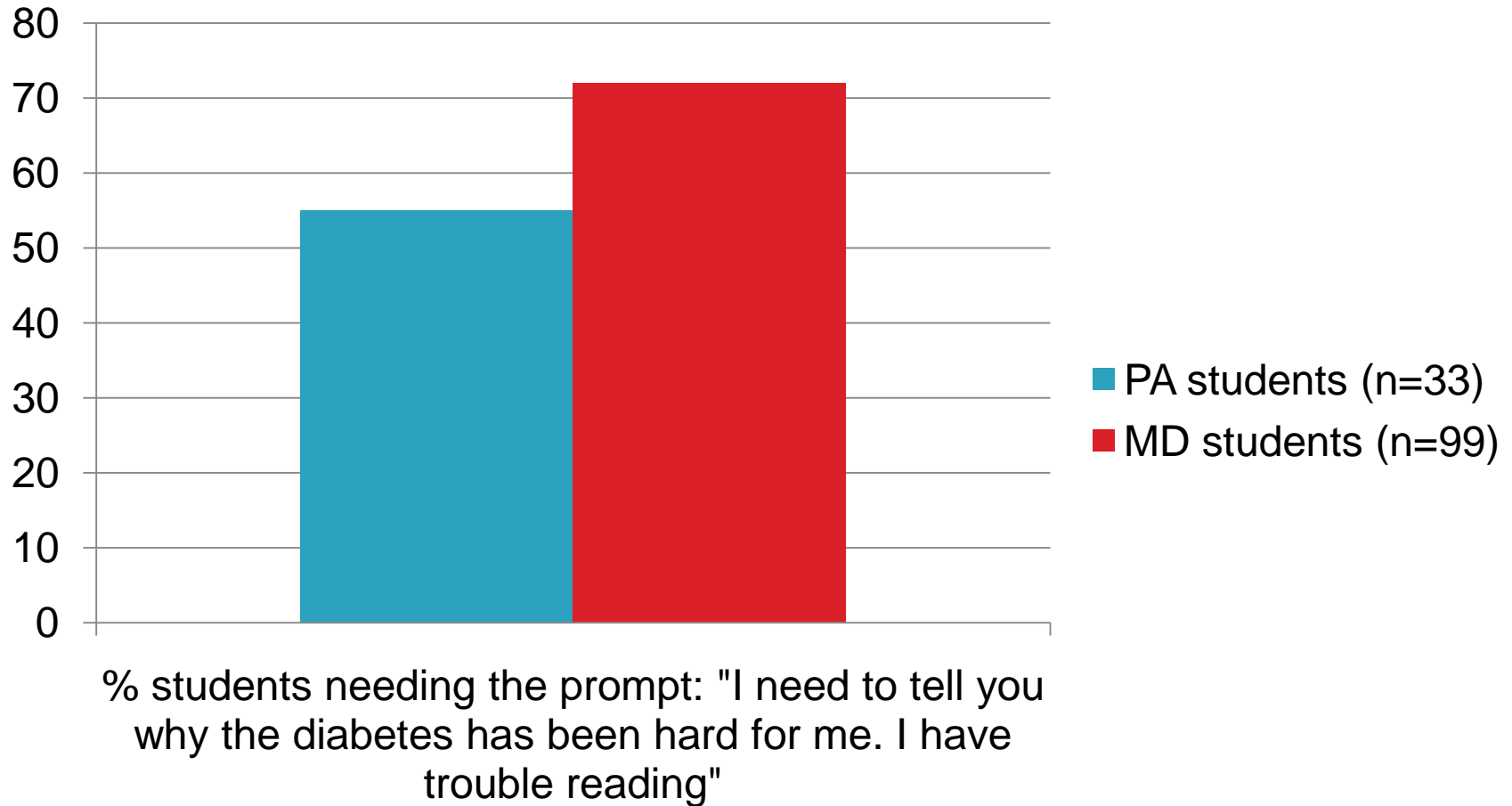


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Experience with the health literacy Clinical Performance Exam

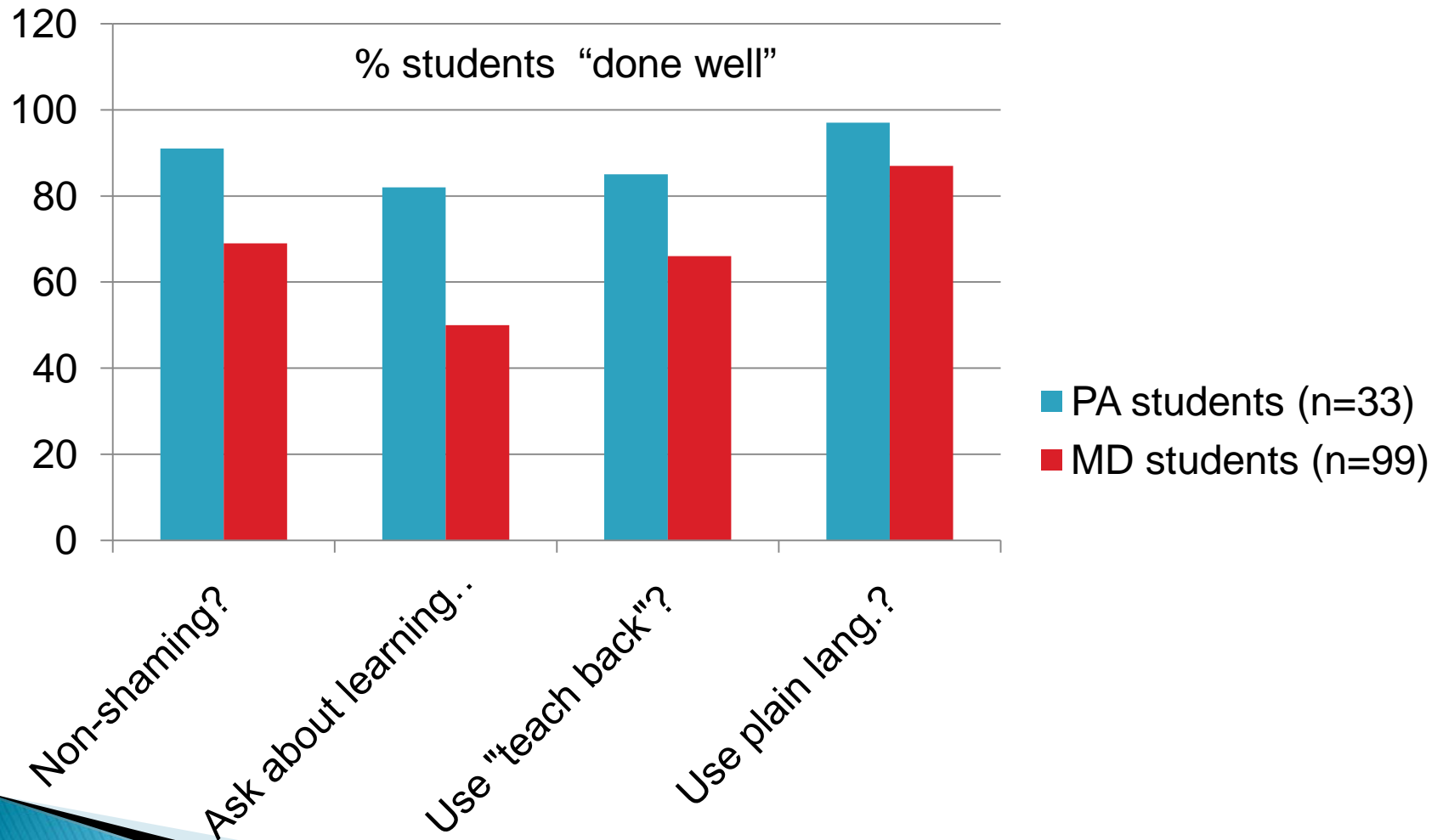
- ▶ Used since 2007
- ▶ 140-150 medical students and physician assistant (PA) students each year

Clinical Performance Exam “Health Literacy” case



Clinical Performance Exam

Did the student...



Example curriculum

OHSU Family Medicine Residency Health Literacy Curriculum

	1 st -Year Residents	2 nd -Year	3 rd -Year
Fall	<u>Intro to health literacy</u> <ul style="list-style-type: none"> • Pre-test & overview (30 min) • AMA Video (30 min) • Discussion (30 min) 		
Winter	<u>Communication didactics</u> <ul style="list-style-type: none"> • Read health literacy booklet (Weiss, 2007) • Health literacy lecture (60 min) • Cultural competency lecture (60 min) • Limited English proficiency lecture (30 min) 	<u>Written communication workshop</u> <ul style="list-style-type: none"> • Best practices review (30 min) • Assessing written materials (30 min) • Lab results letter exercise (60 min) 	
Spring	<u>Oral communication workshop</u> <ul style="list-style-type: none"> • Best practices review (30 min) • Listening for jargon exercise (30 min) • Teach back exercise (30 min) 		<u>Senior capstone activity</u> <ul style="list-style-type: none"> • Resident-led case presentations with evidence-based solutions (120 min) • Post-test (15 min)

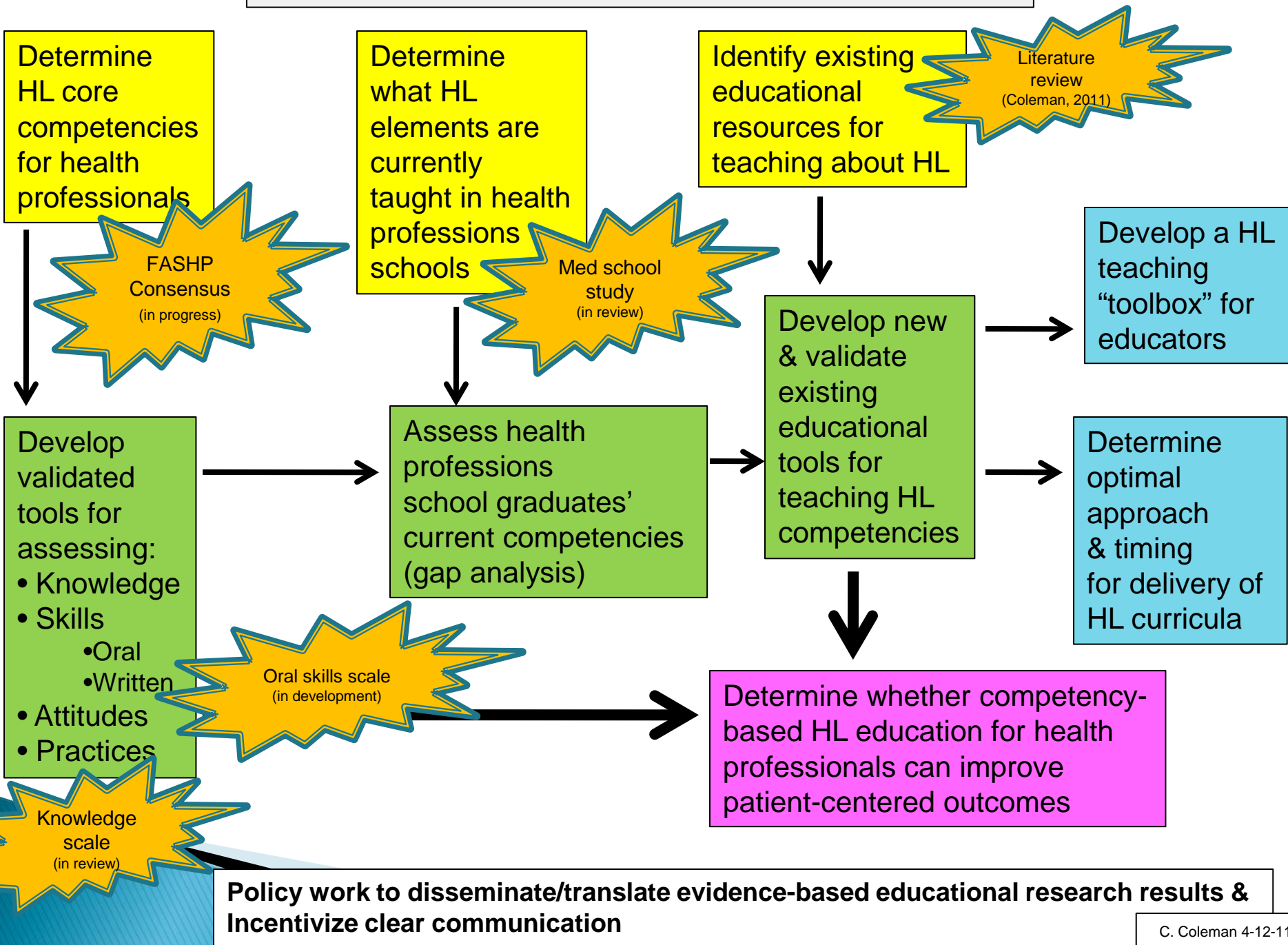
Video review and OSCE evaluations run throughout all 3 years

Translating evidence into practice

- ▶ How will innovations make their way into teaching standards?
 - Role of accrediting agencies
 - How to incentivize clear communication?
 - Pay-for-performance?

A health literacy educational agenda

A Health Literacy Educational Research Agenda





Thank you!

Vaux's Swifts (*Chaetura vauxi*) entering a night roost in a chimney at Chapman Elementary School
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Workshop

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