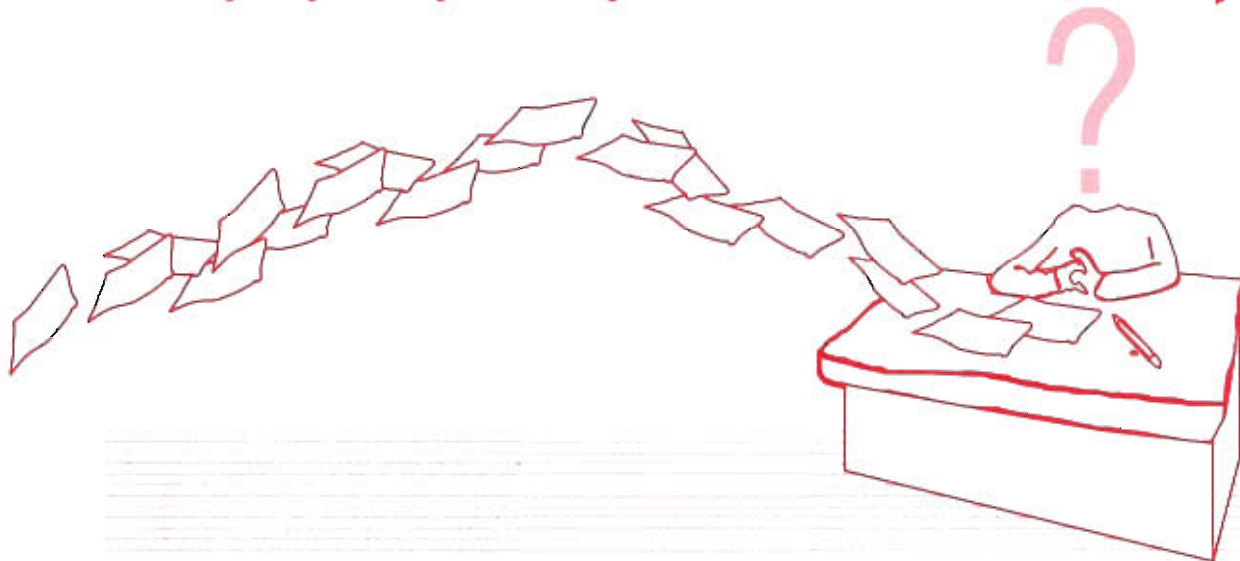


Patient Education for

University of Utah Health Sciences Center



AN AUTHOR'S GUIDE



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University of Utah Hospitals and Clinics
50 North Medical Drive
Salt Lake City, Utah 84132
www.med.utah.edu/pated

(801) 581-4804 or (801) 585-5671

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INTRODUCTION



How To Use This Book!

This book provides basic information to assist you in developing written materials for patients and their families. All newly developed documents will be made available to providers on the Office of Patient Education Home Page. With this in mind, this book outlines resources you can call upon to help you with the process and provides some basic tips for effective patient teaching. The sample document presented gives you ideas for your **Patient Education for U** document.

Clear writing tips and “getting started” ideas have been used to help you put your words on paper. A brief review of the APA Publication Manual reminds you how to reference information from articles, books and the Internet. The SMOG Readability Formula gives you a simple way to determine the reading grade level of your materials. The substitute word list gives ideas to lower the reading level of your material to the suggested sixth-grade reading level.

The book provides you with a survey form to pre-test your document with a simple “convenience” sample of adults before submitting it to the Office of Patient Education. The final checklist gives you the opportunity to assess your document for content and presentation prior to submission.

The simple design of the book is to create visual interest and to attract you to the information. This book serves as a reference for busy health providers. The content of this book is also available on the Office of Patient Education Home Page at (www.med.utah.edu/pated).

Goals

The Office of Patient Education coordinates interdisciplinary patient education activities and serves as a resource in the development and standardization of quality patient education materials. The Office facilitates the Patient Education Clearinghouse Committee and ensures all written materials are at an appropriate reading level and formatted to enhance learning.

Mission Statement

All patients at University of Utah Hospitals and Clinics receive top quality patient education materials, information, and instruction.

Overall Goal for Patients

Patient education efforts enhance patient learning, promote informed decision-making, increase compliance with health-enhancing behaviors, and improve clinical outcomes.

Overall Goal for Providers

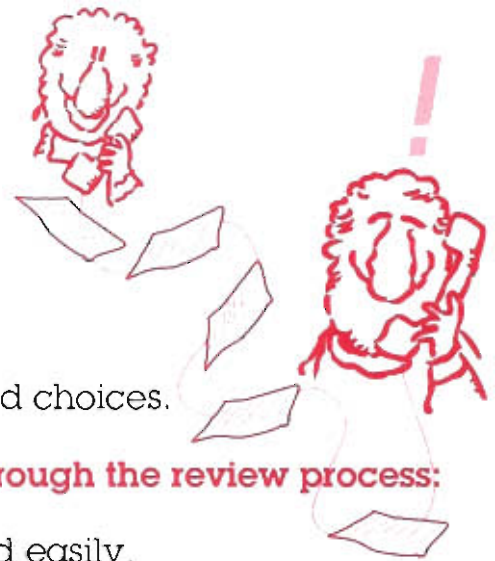
Quality patient education materials and information are easily accessible through the use of leading-edge computer technology. (For this reason, all new materials will be formatted for easy access from the computer.)

Standardization

One of the priorities of the Patient Education Clearinghouse Committee is to standardize the format and review process for written materials. There are many reasons to provide quality, standardized, easy-to-read patient education materials.

Patient friendly materials:

- ❖ Increase understanding,
- ❖ Decrease barriers for learning,
- ❖ Improve patient compliance, and
- ❖ Empower patients to make informed choices.

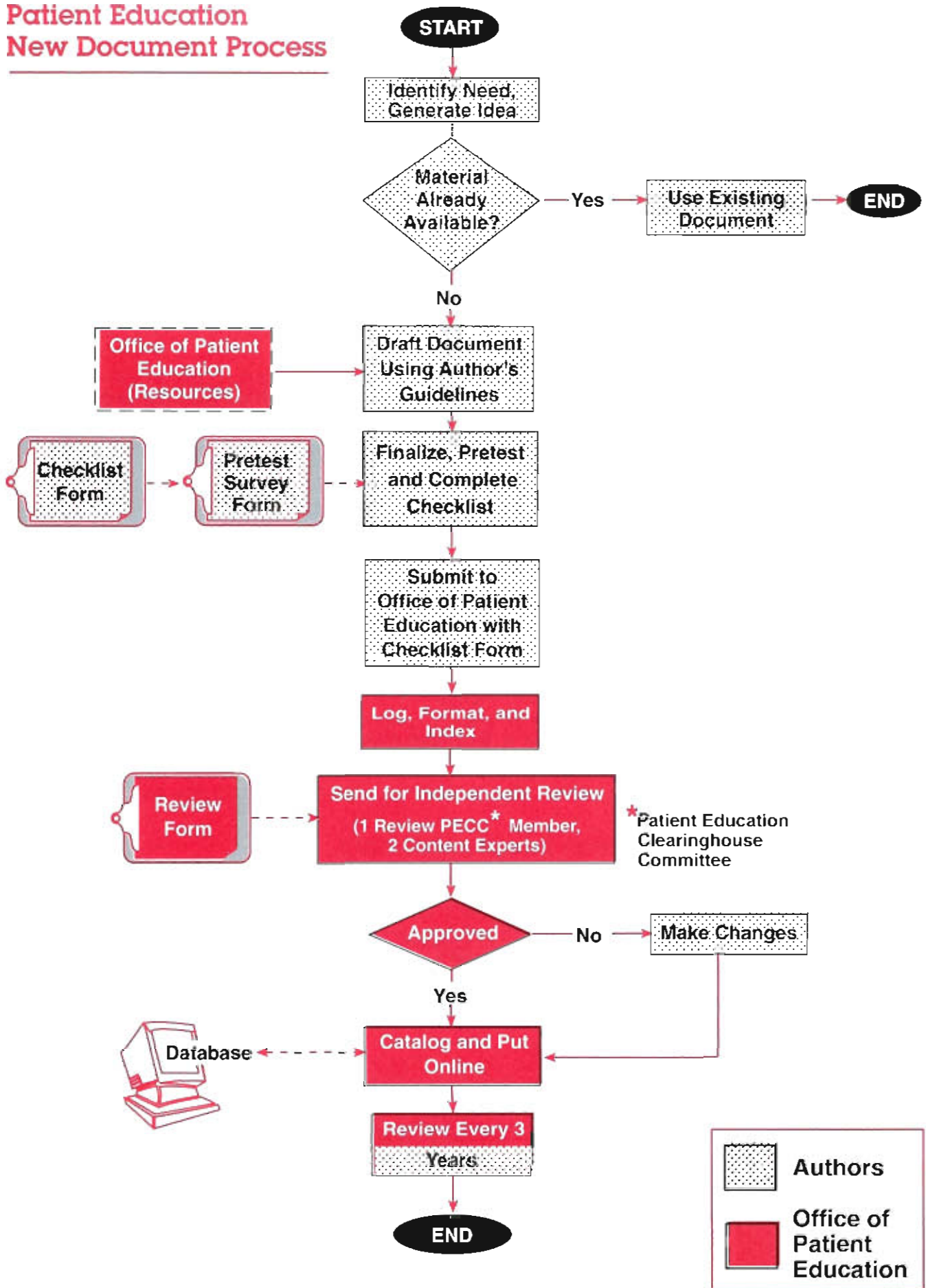


Standardized materials that have been through the review process:

- ❖ Are **cataloged** and can be updated easily,
- ❖ Have appropriate **readability levels**,
- ❖ Have **reliable** medical content and **define** technical terms,
- ❖ Improve the public's **image** of the institution and level of confidence in the care received,
- ❖ Create **collaborative efforts** among service areas,
- ❖ Improve the **consistency** of materials so they are easily identified by patients as coming from University of Utah Hospitals and Clinics, and
- ❖ Are **computer compatible** for ease of access and prompt dissemination.



Patient Education New Document Process



Resources

Many resources are available to help you prepare patient education materials and to improve your patient teaching. A good starting place is the Patient Education Home Page at (www.med.utah.edu/pated). Several hundred patient education materials are catalogued on the home page and most internally produced documents are available to providers from the computer. Take a minute and search your topic on the home page to see if the material you need is already available.

❖ **The Office of Patient Education**

is staffed by a patient education coordinator and executive secretary. They serve as a resource to you and other providers in preparing and evaluating patient education materials. The Office provides leadership and support to the Patient Education Clearinghouse Committee and maintains the Patient Education Home Page. You can reach the Office of Patient Education by calling (801) 585-5671 or (801) 581-4804.

❖ **The Patient Education Clearinghouse Committee**

offers editorial and production assistance for the development and review of patient education materials. This interdisciplinary committee oversees the patient education program for University of Utah Hospitals and Clinics.

❖ **The Eccles Health Sciences Library**

is located just south of the School of Medicine. A variety of written, audiovisual, and Intranet resources are available to assist you in creating or updating your patient education materials. Hours for the library vary. For a recording of current hours, call (801) 581-8773. For other library information call (801) 581-5534.

❖ **The Hope Fox Eccles Clinical Library**

is a branch of the main Eccles Health Sciences Library and is located in room 4037 University Hospital. Internet access is available, as well as a small core collection of reference books and clinical journals. The Clinical Library is open from 6:00 a.m. to midnight every day of the year. For additional information, call (801) 581-4685 or 581-4686.

❖ **A wide variety of Internet sources**

are available to help you in preparing your patient education documents. You should use caution with Internet sources at large, due to the fact much of the health information on the Internet is considered unreliable and not based on sound medical science. Reliable and recommended sources include:

❖ **Patient Education for U**

is the home page of the Office of Patient Education, University of Utah Hospitals and Clinics. The address is (www.med.utah.edu/pated). On the home page you will find online patient education materials, patient education classes, community events, support groups, workshops, **First Impressions** materials, and a link to Healthfinder. Information on the home page is updated monthly and documents available online are reviewed on a regular basis for content accuracy. The patient education materials portion of the home page is protected (as an Intranet) and is only available on computers within the Health Sciences Center. This portion of the home page does not appear for individuals who access the home page from other computers.

❖ **Healthfinder** (www.healthfinder.gov)

is a gateway consumer health and human services information web site from the United States Government. This large database leads you to a wide variety of reliable health resources and patient education materials. Be sure to read over any materials you print from this resource before you give them to patients.

❖ **Medical Matrix** (www.medmatrix.org/index.asp)

is a ranked, peer-reviewed, annotated, updated guide and link to clinical resources. Among many other topics, Medical Matrix links to (and reviews) patient education resources.

❖ **The Office of Patient Education**

offers **books and articles** to help you write quality patient education materials and improve your patient teaching skills.

Resource materials include:

American Psychological Association. (1994). Publication manual of the American Psychological Association (4th ed.). Washington, DC: Author.

Doak, C. C., Doak, L. G. & Root, J. H. (1996). Teaching patients with low literacy skills (2nd ed.). Philadelphia, PA: J.B. Lippincott Company.

Doak, L. G., Doak C. C. & Meade, C. D. (1996). Strategies to improve cancer education materials. Oncology Nursing Forum, 23 (8), 1305 - 1312.

Hilts, L. & Krilyk B. J. (1991). Write readable information to educate. Hamilton, Ontario: Chedoke-McMaster Hospitals and Hamilton Civic Hospitals.

Kripalani, S. (1995, August). The write stuff: Simple guidelines can help you write and design effective patient education materials. Texas Medicine, 91(8), 40-45.

Rankin, S. H. & Stallings, K. D. (1996). Patient education: Issues, principles, practices (3rd ed.). Philadelphia, PA: J.B. Lippincott Company.

Schrefer, S. (Ed.). (1995). Mosby's patient teaching tips. St. Louis, MO: Mosby-Year Book, Inc.





EFFECTIVE PATIENT TEACHING

Written materials are just one tool that can be used in the teaching and learning process. Effective patient educators from all disciplines understand the overall purpose of patient and family education and follow-through with all aspects of the educational process.

University of Utah Hospitals and Clinics has outlined guidelines for patient education. The overall purpose is to insure the patient and, when appropriate, his or her significant other(s) are provided with education to enhance knowledge, skills, and behavior change.

An interdisciplinary team approach is used at University Hospitals and Clinics to assist the patient in gaining knowledge and skills necessary to meet the patient's ongoing health care needs. Education should be specific to the patient's needs and presented in an understandable way. Patient education processes should be assessed, analyzed, and a plan of action developed for implementation. The patient education process should be re-evaluated periodically.

Patient education needs are to be continually assessed, identified, and addressed. Education includes instruction in the specific knowledge and skills needed by the patient and his or her significant other(s) to meet the **patient's** needs.

Education should be provided in a manner that:

- ❖ Facilitates understanding of the patient's health status, health care options, health care options selected,
- ❖ Encourages participation in decision making about health care options,
- ❖ Increases patient/significant other(s) potential to follow the therapeutic health care options,
- ❖ Maximizes care skills,
- ❖ Increases the patient/significant other(s) ability to cope with the patient's health status/prognosis/outcome, and
- ❖ Enhances the patients/significant other(s) role and understanding of their responsibility in continuing care and promoting a healthy lifestyle.

In selecting resources for patient education the educator should keep in mind that education should be adapted to appropriate age, developmental need,

culture, and language for the specific patient or significant other. And, the education process should always be addressed as part of the interdisciplinary process of care.

The provision of patient education is extremely important in the hospital and clinic setting. All educational activities should be delivered in a timely, efficient, caring, and respectful manner. As the educational process occurs, it should be carefully documented by all individuals providing the instruction. Documentation, in conjunction with verbal communication, allows caregivers to build on information already exchanged. Documentation occurs on the interdisciplinary Patient Education Record (PER). A copy of the generic PER form can be found on the Patient Education Home Page for providers to print out and use. Documentation in the outpatient setting may occur on other approved forms.

The Educational Process - Tips for Effective Patient Teaching

Patient education is much more than giving information. Education involves the process of assessment, setting goals, implementation, and evaluation. Effective educators utilize a wide variety of skills (such as empathy, caring, good communication, and unconditional positive regard) in working with their patients and their family members.

Some basic tips to help providers with their patient education efforts are provided in the booklet, Mosby's Patient Teaching Tips. This booklet is available for check-out from the Office of Patient Education. This concise booklet is a "must read" for health care providers.

Content areas covered include:

- ❖ Qualities of an effective educator,
- ❖ Patient variables to consider when teaching,
- ❖ Learning and behavior change,
- ❖ Psychological considerations,
- ❖ The educational process,
- ❖ Tools for practice,
- ❖ Counseling theories, and
- ❖ Case studies.

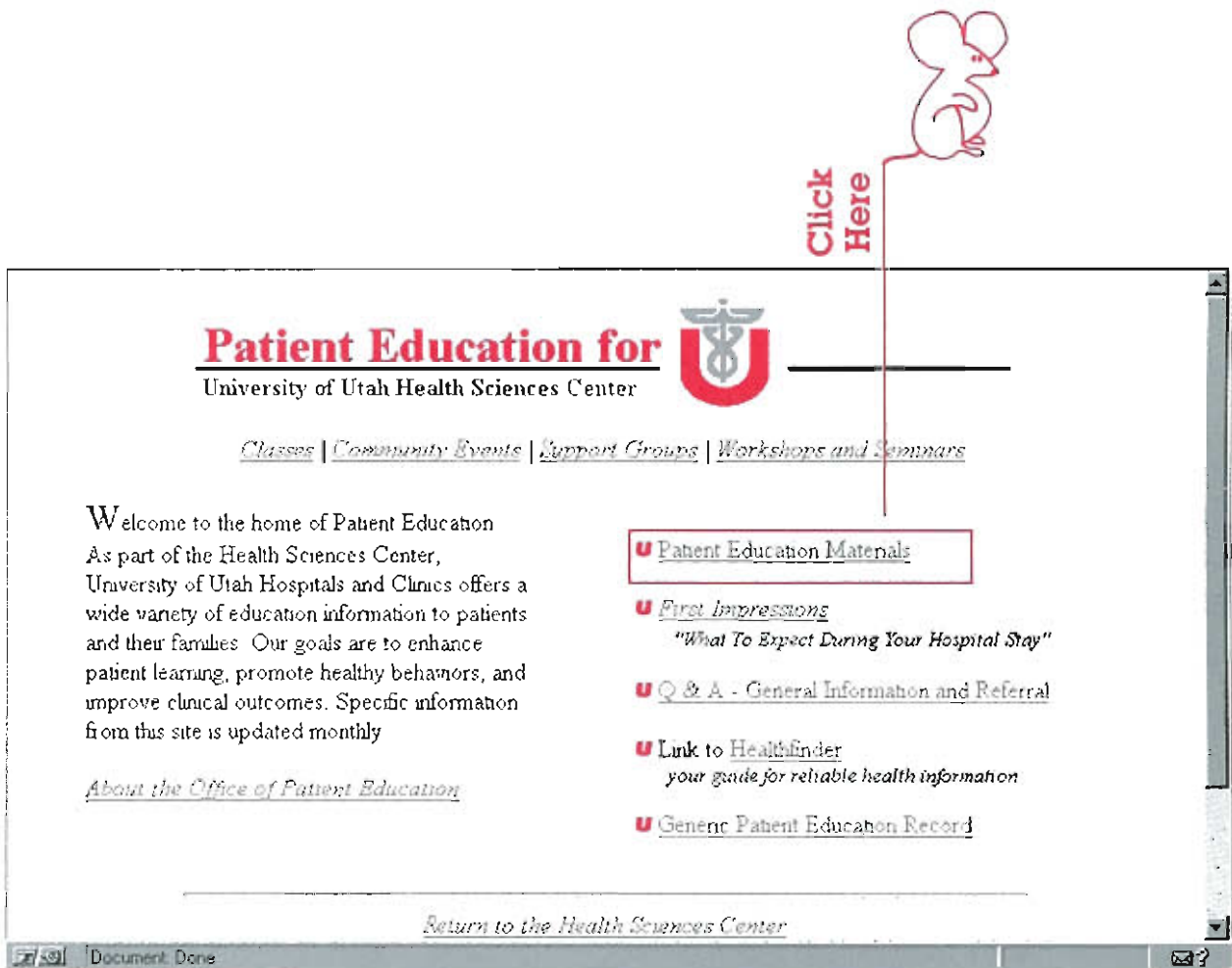


How do I access the patient education home page?

It's as easy as



1. Go to the Patient Education Home Page at www.med.utah.edu/pated.
2. Point and click to access your desired information.
3. Print out the information or customized patient education document.



Sample Document

Clear title — **Neuro Notes
Lumbar Laminectomy**

Purpose — **What is it?**
Lumbar laminectomy is a surgical procedure done to relieve pressure on one or more nerve roots. Nerve compression or pressure on the nerve will cause back and leg pain. The source of pressure is removed through a small incision in the lower back.

Term defined — **Why is it done?**
The source of compression may be:

- Herniated disc
- Disc fragment
- Tumor
- **Bone spur (a rough protrusion of bone)**

Major headings — **Treatment**
After surgery you will go to the recovery room for close monitoring. When you have recovered from anesthesia you will be transferred to a hospital room. You may still be tired. You may also experience some nausea and vomiting.

After Surgery
It is normal to have pain or discomfort after surgery. This does not mean surgery was unsuccessful or that your recovery will be slow. Leg discomfort is also not unusual. As the nerve heals the discomfort will go away. You may also experience muscle spasms across your back or down your legs. Medication is available for pain and muscle spasms. Let your nurse know if you have any discomfort.

You will have an IV in place for fluids and medication if needed. The IV will be discontinued when you can take regular fluids without nausea or vomiting. When you first recover from anesthesia, you will be able to have ice chips, then slowly progress to fluids.

Discharge
The usual time in the hospital for lumbar laminectomy patients is 3-5 days. This will be determined by the amount of discomfort you have and the availability of help you have at home.

Your doctor and you will determine when you can return to work and what limitations you may need.

Document information — **Information in this document should be used in consultation with your health care provider.**
Document Source: NCC 3N.
© Copyright 1997 University of Utah Health Sciences Center.
Office of Patient Education, University of Utah Hospitals and Clinics, Document #560





Copyright Information

According to the Publication Manual of the American Psychological Association (1994), authorship is reserved for individuals who receive primary credit and hold primary responsibility for a published work. With all **Patient Education for U** documents you are expected to give credit to others for their work when it is quoted, paraphrased, and referenced.

Quotations:

When you use the exact words of another they should be placed in quotation marks and the quote referenced.

Paraphrasing:

When you summarize a passage or rearrange the order of a sentence you are paraphrasing. Each time you paraphrase, you must give credit in the text and reference it at the end of your document. For example, the text might read: According to the American Heart Association (1997), regular exercise can reduce your risk of heart disease. At the end of the text you would list the full reference in APA style.

Permission:

Authors have the responsibility to obtain permission letters from copyright holders to reproduce copyrighted patient education materials. A copy of this letter must be on file with the Office of Patient Education **before** your **Patient Education for U** materials are made available to patients. In addition, the document must have an acknowledgment of the copyright holder (with the statement "used by permission") at the bottom of the document.

Sample Permission Letter

Your Department's Letterhead

January 5, 1998

Materials Permission Department
Hypothetical Book Company, Inc.
111 Main Street
Anytown, UT 12345 - 1111

Dear Sir or Madam:

I would like permission to copy an illustration from one of your books for continued use in patient education materials. The illustration will be used for patients who have had hip surgery.

Title:

Whaley and Smith's Book of Orthopedic Nursing, 4 ed.
Editor: John Smith
ISBN 0-8151-9270-3
Copyright 1997 Hypothetical Book Company, Inc.

Material to be duplicated: Page 555 (Chapter 12, Figure 12-7)

Type of Reproduction: This illustration with caption, will be reformatted for a paper handout. The illustration will be reproduced digitally for inclusion in the web site of the Office of Patient Education, University of Utah Hospitals and Clinics (www.med.utah.edu/pated). Mounting the material on the Patient Education Intranet affords wider access within University of Utah Hospitals and Clinics, and more efficient updating of collateral material.

Number of copies: Copies of the handout will be made on a continuing basis.

Use to be made of reproduced materials: The figure will be used in conjunction with other materials to help patients understand how get up from a chair following hip surgery.

Distribution: The material will be provided to patients on an "as needed" basis. Access to the handout will be provided as part of care given by University of Utah Hospitals and Clinics. No charge will be made for the material per se.

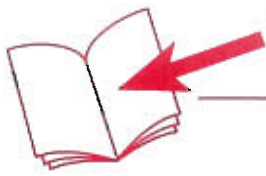
A self-addressed envelope and copy of this letter for your files are enclosed for your convenience. Please let me know what conditions, if any, apply to this use.

Sincerely,

Jane A. Rogers
Nurse Manager

Permission Granted:(signature)_____ Date_____

Conditions, if any:



REFERENCING YOUR MATERIALS

Information contained in **Patient Education for U** documents should be properly referenced. Consult the medical literature for supporting content for your **Patient Education for U** handouts. Use the APA Publication Manual, 4th Edition, as a format guide for your references. List references at the end of your document. A copy of the Publication Manual of the American Psychological Association, 4th Edition, is available in the Office of Patient Education.

For Journal Articles: ➡

Author's last name, first initial. (Year of publication). Title of article.
Title of Journal, Volume # (Issue #), pages.

example:

Siscovick, D. S. (1997). Exercise intensity and subclinical cardiovascular disease in the elderly. The Cardiovascular Health Study. American Journal of Epidemiology, 145 (11), 977-986.

For Books: ➡

Author's last name, first initial. (Year of publication). Name of book. City, State of publisher: Publisher.

example:

Canobbio, M. (1996). Mosby's handbook of patient teaching. St. Louis, MO: Mosby-Year Book, Inc.

For Internet Sources: ➡

Author's last name, first name. "Title of Article or Document." Title of Journal. Volume no., Issue no., or other identifying no. (Year or Date)
Number of Pages or Paragraphs. Publication Medium (Online). Name of Computer Network. Date of Access. Available electronic address.

example:

Grodstein, F., Stampfer, M.J., Colditz, G.A., et. al. Journal Scan: "Postmenopausal Hormone Therapy and Mortality." The New England Journal of Medicine. Vol. 336, No. 25, (19 June 1997) 2 p. Online. Netscape. 29 August 1997.
Oncolink.upenn.edu/causeprevent/hormones/journalscan2.html.



CLEAR WRITING



The following clear writing tips were compiled and adapted from the following publications.

Kripalami, S. (1995, August). The write stuff: Simple guidelines can help you write and design effective patient education materials. Texas Medicine, 91 (8), 40-45.

National Cancer Institute. (1984). Pretesting in health communications (NIH Publication No. 84-1493). Bethesda, MD: U.S. Government Printing Office.

University of Wisconsin Hospital and Clinics. (1996). Developing Health Facts for You: An author's guide. Madison, WI: Author.

BEFORE YOU START WRITING: ➡

Who is your audience? Focus on your patient's needs and concerns. Provide the information that you think your patient will need to know. Focus on what they want to know. Include information about what your patients can expect and how it will affect their daily lives.

❖ **Define the purpose of the handout.**

❖ **List key points you want to make.**

❖ **Check to see if other materials are available.**

❖ **Organize the points you've listed.** Use titles and subtitles to clearly define the organization and flow of ideas. Begin the material with an introduction to state the purpose of the document and to orient the reader. Use a summary paragraph to end a section and to recap the major points. Organize instructions in a logical order.

❖ **Gather your resources to make sure the content is medically accurate.** Be prepared to thoroughly reference your sources.

❖ **Choose the format.** For example, use a descriptive format, a question-and-answer format, or a format with mostly illustrations and explanatory captions.

❖ **Define the technical terms you use—use common terms whenever possible.** Do not assume that your patients will understand medical terms. Avoid abbreviations and acronyms except when commonly understood. When specialized vocabulary is essential, a parenthetical definition or a glossary should be included as part of the text.

❖ **Remember that the key issues are the information itself and how effectively it is communicated.** Try to keep it simple. Use shorter words.

❖ **Place appropriate visual aids (charts, photos, graphics) next to the related ideas in the text.** Illustrations should enhance the document's educational content, not steal the show.

FORMATTING GUIDELINES ➡

Proper formatting techniques can help readers understand the material more easily.

❖ **Type** all documents using **Microsoft Word**.

❖ **Use** highlighting techniques, but **don't overuse them**. Highlighting techniques include **boldface**, *italics*, and

white space.

These techniques emphasize important aspects of your document by calling attention to them visually. Be consistent throughout the text.

❖ **Use at least 12-point Times New Roman font for text**. If you are writing for the elderly, use a larger type size.

❖ **Avoid making lines of type too long or too short**. Use one inch side margins to get a line length of 50-70 characters.

❖ **Use** white space in the margins and between sections.

❖ **Use** left justification to create "ragged" right margins.

❖ **Avoid** using capital letters. **CAPITAL LETTERS ARE HARDER TO READ.**

HOW TO WRITE ➡

Organizing paragraphs

❖ **Use** one idea per paragraph to emphasize each important concept.

❖ **Start** each paragraph with a strong topic sentence.

❖ **Use** examples to clarify ideas with which the reader may not have had experience.

Organizing sentences

- ❖ **Keep** sentences short (approximately 9 to 10 sentences per 100 words).
- ❖ **Avoid** complex sentence structure and long, fact-laden sentences.
- ❖ **Use** the active rather than the passive voice.
- ❖ **Avoid** past tense. Use present tense when defining, explaining, or instructing (“**Clean the site with warm tap water.**”) Use the future tense when writing about things to be expected (“**You will be asked to change into a hospital gown.**”)
- ❖ **Use** the second person—“you” or “your child.”
- ❖ **Avoid** a formal academic tone. Think of talking to the reader when you write.
- ❖ **Use** “he or she” but not “he/she” or “s/he.”
- ❖ **Avoid** polysyllabic words whenever possible. In the context of patient education, polysyllabic words are those that have **three** or more syllables.



DID YOU
KNOW?

LITERACY FACT 2

The **average** reading level is the at the **eighth- to ninth-grade level** (between levels 2 and 3 in functional competency measures).

About **one in five read at the fifth-grade level** and below (in functional competency terms, at about level 1).

For older Americans (65 and over) and for inner-city minorities, almost **two out of five read below the fifth-grade level** (at level 1). (Doak, Doak, & Root, 1996, p. 3)



- ❖ According to a recent AMA study, many physicians overestimate how much their patients understand about treatment following a hospital visit. Researchers found that physicians believed **88.9%** of patients understood potential side effects of medication at discharge, but **only 54.7%** of patients said they understood. Similarly, physicians believed **94.7%** of patients knew when to resume normal activities, but **only 57.9%** of the patients did. Suggestions for improving communication included comprehensive discharge planning. (American Hospital Association News, May 12, 1997)
- ❖ An editorial in JAMA (December 6, 1995) reports that adults with limited literacy face **fornidable problems using the health care system**. They are less likely to use screening procedures, follow medical regimens, keep appointments, or seek help early in the course of a disease. These people struggle with essential information such as understanding emergency department discharge instructions, consent forms, oral instructions, educational materials, and labels on medication containers.

more facts 

- ❖ On **average**, adults read at an **eighth-grade level**. The National Work Group on Literacy Health recommends that health care professionals “get smart” about patient communication. All patients regardless of skill level prefer easy-to-read material. The work group says to **aim for a fifth-grade level or lower**. (Hospitals and Health Networks, September 5, 1997)
- ❖ Adults and children read **at least one or two grade levels below** their last school grade completed. (Hilts & Krilyk, 1989, p. 3)
- ❖ **Only 32%** of commonly used health education materials are able to be understood by the majority of patients. (Hilts & Krilyk, 1989, p. 4)
- ❖ **Readability** and its impact on the reader has serious implications for people who write health education materials. (Hilts & Krilyk, 1989, p. 4)



KEY POINT:

Aim for a sixth-grade reading level!



The SMOG Readability Formula

Adapted from McLaughlin, G. (1969). SMOG grading: A new readability formula. *Journal of Reading*, 12 (8), 639-646.

The **SMOG** conversion tables were developed by Harold C. McGraw, Office of Educational Research, Baltimore Co. Public Schools, Towson, MD.



The **SMOG Readability Formula** is a simple method you can use to determine the reading level of your written materials. If a person reads at or above a grade level, they will understand 90-100% of the information. Generally, you need to **aim for a reading level of sixth grade or less**. In addition, to ensure that the text is clear and readable, read your draft aloud.

How to use the SMOG formula: ➡

1. Count 10 sentences in a row near the beginning of your material. Count 10 sentences in the middle. Count 10 sentences near the end. (30 total sentences)
2. Count every word with three or more syllables in each group of sentences, even if the same word appears more than once.
3. Add the total number of words counted. Use the SMOG Conversion Table I to find the grade level.

If your material has fewer than 30 sentences, follow the instructions for "**SMOG on Shorter Passages**" and use **SMOG Conversion Table II**.

WORD COUNTING RULES: ➡

- ❖ A sentence is any group of words ending with a period, exclamation point, or question mark. 
- ❖ Words with hyphens **count-as-one-word**.
- ❖ Proper nouns are counted.
- ❖ Read numbers out loud to decide the number of syllables.
- ❖ In long sentences with colons or semicolons followed by a list, count each part of the list with the beginning phrase of the sentence as an individual sentence. 
- ❖ Count abbreviations as the whole word they represent.

SMOG for Shorter Passages (< 30 sentences) ➡

Use this formula and SMOG Conversion Table II for material containing less than 30 sentences, but not less than 10 sentences.

1. Count the total number of sentences in the material.
2. Count the number of words with 3 or more syllables.
3. Find the total number of sentences and the corresponding conversion number in SMOG Conversion Table II.
4. Multiply the total number of words with 3 or more syllables by the conversion number. Use this number as the word count to find the correct grade level from Table I.

Word Count	Grade Level
0-2	4
3-6	5
7-12	6
13-20	7
21-30	8
31-42	9
43-56	10
57-72	11
73-90	12
91-110	13
111-132	14
133-156	15
157-182	16
183-210	17
211-240	18

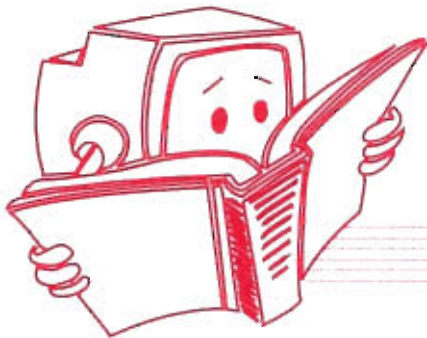
# of Sentences	Conversion #
29	1.03
28	1.07
27	1.1
26	1.15
25	1.2
24	1.25
23	1.3
22	1.36
21	1.43
20	1.5
19	1.58
18	1.67
17	1.76
16	1.87
15	2.0
14	2.14
13	2.3
12	2.5
11	2.7
10	3.0

Another Readability Option

The Flesch-Kincaid Grade Level Index

While the SMOG Readability Formula is an easy way to determine readability, another option is the Flesch-Kincaid Grade Level Index. This test is automatically calculated on your Microsoft Word documents. After Microsoft Word completes a grammar check (under tools in the tool bar), readability statistics are displayed.

One of the formulas that is similar to the SMOG formula is the Flesch-Kincaid formula. This index computes readability based on the average number of syllables per word and the average number of words per sentence. The score in this case indicates a grade-school level. For example, a score of 8.0 means that an eighth grader would understand the document. Standard writing approximately equates to the seventh- to eighth-grade level. However, for **Patient Education for U** documents, the recommended reading level is around the sixth grade.



READABILITY



Substitute Word List

Since health writing usually uses technical terms, it is helpful to the reader to use shorter words whenever possible. Here is a list of words that are commonly found in health literature. Using the substitute word instead of the technical word will help lower the readability level of your material.

This list was adapted from:

Hilts, L. & Krilyk B. J. (1991). Write readable information to educate. Hamilton, Ontario: Chedoke-McMaster Hospitals and Hamilton Civic Hospitals.

University of Wisconsin Hospital and Clinics. (1996) Developing Health Facts for You: An author's guide. Madison, WI: Author.

ability—skill
accomplish—carry out
alternative—choice
ambulate—walk
annually—yearly
apply—put on, use
approximately—about
assist—help
attempt—try
available—ready
bacteria—germs
cell culture—tissue study
cerebral hemorrhage—stroke
cessation—stop, pause
chorionic villi—tissue
cognizant—aware
communicate—talk
compassion—pity
competent—able
completion—end, finish
conclusive—final
contact—call
contraceptive—birth control
contusion—bruise
conversion—change
coronary thrombosis—heart attack
correspond—agree
decrease—make less, reduce, lower
deficit—shortage
delete—strike out
demonstrate—show
detect—find

detrimental—harmful
develop—arise, occur
diagnosis—problem, condition
difficulties—problems, trouble
diminish—get less, slow down
discoloration—change in color
disconnect—undo
discontinue—stop
dressing—bandage
due to the fact that—because
dyspepsia—indigestion
elevate—raise
eliminate—get rid of
embolism—lump of blood, clot
encourage—urge
endeavor—try
excessive—too much
experience—feel
facilitate—help, ease
feasible—can be done
frequently—often
fundamental—basic
generate—produce
guarantee—backing, promise
hazardous—risky
humid—damp
humorous—funny
identical—same
illustration—picture
impair—harm
inadvertent—careless
inadvisable—unwise
incision—cut
incorrect—wrong
independent—free
indication—sign

ineffectual—useless
inform—tell
inhibit—check, hinder
initial—first
initiate—begin, start
injection—shot
innovation—change
instrument—tool
institute—set up
intention—aim
interrupt—stop
laceration—cut, tear
lenient—mild
locality—place
manifest—clear, plain
minimal—smallest
modification—change
nebulous—hazy, vague
notification—notice
numerate—count
nutrient—food
obligation—duty
observation—remark
observe—note
obvious—plain
occurrence—event
opportunity—chance
option—choice
palatable—pleasing
penetrate—pierce
perforation—hole
permission—consent
physician—doctor
present—give
principal—main, chief
project—plan
qualified—suited

recognize—know, accept
recuperate—get well
rehabilitate—restore
saturate—soak
scarlatina—scarlet fever
segment—part
sensation—feeling
several—many
severity—how bad
similar to—like
similarity—likeness
similar—like
situated—placed
status—state
stimulate—excite
sufficient—enough
sustenance—support
sutures—stitches
tear of ligament—sprain
technicality—detail
termination—end
therapy—treatment
ultimate—last, final
uncommonly—rarely
understand—know
unequivocal—clear
unfounded—groundless
unnecessary—needless
until such time—until
utilize—use
varicella—chicken pox
visualize—picture
voluminous—bulky



Patient Pre-Testing Survey

All new documents should be pretested with a convenience sample prior to finalization. This feedback provides the author with valuable information to make necessary changes prior to publication and placement of the document on the Patient Education Home Page. Pre-testing results should be submitted with your materials.

Steps:

- ❖ **Make** 8-10 copies of the Patient Feedback Survey.
- ❖ **Invite** 8-10 individuals (typical of your audience—who do not work in health care) to read your final draft document.
- ❖ **Ask** each person to circle words and phrases they do not understand.
- ❖ **Ask** each person to complete the patient feedback survey.
- ❖ **Collect** the survey and thank the individual for his or her help.
- ❖ **Tally** the results and make appropriate changes.
- ❖ **Repeat** the pre-testing process, if necessary.

Patient Feedback Survey

Please rate the following statements about the document you just read on a scale of 1 to 5, with 1 being **strongly disagree** to 5 being **strongly agree**.

	Strongly Disagree			Strongly Agree	
1. The title reflects the contents.	1	2	3	4	5
2. The information is clearly presented.	1	2	3	4	5
3. The medical words are explained.	1	2	3	4	5
4. The sentences are short and simple.	1	2	3	4	5
5. The print is large enough to read.	1	2	3	4	5
6. The information is useful.	1	2	3	4	5
7. The diagrams and drawings are easy to understand.	1	2	3	4	5

8. Would you recommend this document to your family and friends?

Yes No

9. Overall evaluation of material:

___ Poor ___ Fair ___ Good ___ Outstanding

Please check:

10 I am a patient a family member of a patient other (specify) _____

Additional comments: _____

Thank you for your help!



Checklist*

Document Name _____

Department _____

Key Words _____

Before you submit your patient education document to the Office of Patient Education, please complete this checklist. It will help assure that your document is an effective tool for patient education.

Clinical Content Assessment

Completed

Information is current.

Information is accurate.

Information is sufficient for purpose.

Reviewer's Name (Print) _____

Reviewer Signature _____

I have reviewed this document and approve the content.

Date _____

Educational Assessment

Completed

Organization of information is appropriate.

Learning objectives are appropriate.

Language level is appropriate for intended audience.

Technical terms are defined.

Amount of information delivered is appropriate.

The document maintains interest and attention.

Visual/graphics are used to illustrate concepts.

Summary/review of important points is included.

Self-assessment or practice is solicited.

Document has been pretested with a convenience sample.

more 

Technical Assessment

Completed

Text is clearly legible with at least a 12 point font.

White space is appropriate.

Paragraphs are short.

Informational headings are used.

Main points stand out clearly.

Illustrations are easy to understand.

Illustrations promote the textual information.

Author(s) name(s) and degrees are identified at the bottom of the document.

References are complete and in APA format per examples.

Document has been readability tested using the SMOG or Flesch-Kincaid (found in Microsoft Word) grade level test. _____ reading level

Affective Assessment

Completed

Overall appearance is appealing.

Overall message is clear.

Tone is positive.

Stereotyping is avoided.

Effort has been made to avoid offending any population.

Author's Name (Print) Signature Date

Author's Name (Print) Signature Date

*Adapted from: University of Wisconsin Hospital and Clinics. (1996) Developing Health Facts for You: An author's guide. Madison, WI: Author.



