

Health Literacy

INFORMATION FOR FACULTY

A. GOALS AND OBJECTIVES

1. To continue to build group trust and solidarity
2. To define and explore the concept of health literacy
3. To explore how we share medical information and educate patients
4. To consider how patient educational information on the internet can improve or challenge health literacy and impact the doctor/patient relationship
5. To explore the reading level of patient educational materials on the internet

B. REQUIRED HOMEWORK (~60 min)

1. Key Readings

- a) JL Barton et al. Use of Low-Literacy Decision Aid to Enhance Knowledge and Reduce Decisional Conflict Among a Diverse Population of Adults With Rheumatoid Arthritis - Results of a Pilot Study. *Arthritis Care & Research* 2016 (~25 min)

This article is provided as an illustration of decision aid clinical research to improve shared decision making and treatment adherence for vulnerable rheumatoid arthritis patients.

- b) Medical R.E.A.C.H. to Teach Observation Checklist (~5 min)

This checklist was developed to aid clinicians in effective patient communication. It is an example of a structured communication tool to improve bi-directional conversation in order to maximize patient understanding and health literacy. Please review the document in advance of class and consider filing it away as a resource for use on the wards. During Doctoring class we will use a non-medical version to practice communicating with each other as an experiential exercise.

2. Visit <http://psoriasisdecisionaid.com/decision> and go through the patient decision aid (PDA). You will need to imagine as if you have psoriasis. As you move through the PDA, consider some of the following – length of the aid, language, simplicity, ease with which a patient might use it, etc. (~30 min)

The intent of this preparatory exercise is to get you thinking about Health Literacy and to loop back to the first Doctoring session on science of patient decision-making. Decision aids are an increasingly common way for physicians to communicate and educate patients. However, we must be thoughtful about Health Literacy as a potential barrier to good communication that may unintentionally challenge our efforts, such as based on the design and usability of the decision tool.

C. SUGGESTED AGENDA

1. Business Items (0 min)
2. Initial Go-Rounds and Discussion of Decision Aids (35 min)
3. Reading Level Exercise (20 min)
4. Teach Back Exercise (30 min)
5. Wrap-Up Go-Round (5 min)

D. ANIMATING QUESTIONS FOR STUDENTS TO CONSIDER

1. What is Health Literacy? Why does it matter?
2. How might you identify a patient with low health literacy?
3. What are some of the consequences of low health literacy?

E. REQUIRED MAKE-UP WORK FOR STUDENTS WHO MISS SMALL GROUP SESSION 3 (see Course Information, Policy on Missed Classes)

1. Students who miss this session should notify the Office of Academic Programs of their absence and complete the following non-written and written make-up work:

- a) Non-written Make-up Work

- i. Complete the Required Homework in Information for Students

- b) Written Make-up Work

- i. Write a 250-500-word essay about internet patient education materials and the grade level they are written in (“Instructions for Reading Level Exercise” document can be found in 1B Session 3 Modules folder on Canvas **AFTER** the session).
 - ii. Upload the files to Canvas as well as email the file to the Course Coordinator (kobithen@pennmedicine.upenn.edu) and your assigned Doctoring IB preceptor
 - iii. The student is on their honor to complete the non-written makeup work. They must email to the Course Coordinator a statement that they have completed the assigned work. The deadline for this makeup work is the date of the next Doctoring class.
 - iv. Contact the Course Director, Dr. Kayser (joshua.kayser@pennmedicine.upenn.edu) if you have questions.

F. BUSINESS ITEMS. General (Large Group) (0 minutes)

G. INITIAL GO-ROUNDS AND DISCUSSION OF DECISION AIDS (Large Group) (~35 minutes)

1. “Psoriasis Decision Aid” Go-Round. Have each student share one thought about the decision aid homework assignment.
2. Expand on the Go-Round and discuss the role and value of decision aids. Weave

in the reading on rheumatoid arthritis decision aids for patients with low health literacy. What is the value of decision aids? What might constitute a “good” decision aid?

H. READING LEVEL EXERCISE (Large Group) (~20 minutes)

1. Have one student or faculty share their screen with the group and navigate to a SMOG calculator, example: <https://www.textcompare.org/readability/smog-index/>
Note: SMOG stands for “Simple Measure of Gobbledygook” and is the preferred measurement tool to assess the U.S. grade level needed to comprehend text.
2. Explain to the students that the purpose of this exercise is for them to get a better sense of the level of sophistication (or lack) of medical information on the internet that is readily accessible to their patients. Additionally, share with them how medical information can impact health literacy and the doctor/patient dynamic positively or negatively.
3. Have one facilitator or student cut and paste patient education information about Rheumatoid Arthritis into the SMOG readability calculator to give them a sense of the reading level of materials on the internet. Ask the students to guess what they believe the average reading level is in Philadelphia (ANSWER: 5th/6th grade).
4. Discuss what the group discovers.

a) Animating Questions

- i. Were they surprised by the reading level of material on the internet? Was most of the material the right level for our patient population?
- ii. How might they imagine engaging patients about what’s available for them to read?
- iii. Share your experiences with patients bringing in medical information from the internet to their appointments? How does this challenge the interaction? How might it enrich the interaction?
- iv. How can we best harness the information out there to partner with patients in their health?

I. “TEACH BACK” EXERCISE (Trios, Large group) (~30 min)

1. Have the students break up into breakout rooms in groups of 3. If there is an uneven number, have facilitator(s) fill in.
2. Ask students to navigate to the “Non-medical R.E.A.C.H. to Teach Observation Checklist” on Canvas. They should have already reviewed the “medical” version as part of their session preparation. Explain to the students that the purpose of the exercise is to have them practice educating each other on how to perform simple tasks we all do regularly in order to gain insight into what it might be like to educate a patient on medical information. Although these non-medical tasks might be familiar to them, trying to articulate even simple instructions can be challenging. For the purpose of this exercise, they won’t perform the “R” in “R.E.A.C.H.” from the medical handout they reviewed prior to the session. I have created a “non-medical” version for them to use during the exercise.
3. Have each student take a turn role playing one of 3 roles – “teacher”, “learner”, “observer”. Role play for ~5 minutes each time, having the “teacher” instruct the “learner” on one of the following, using the “R.E.A.C.H. to Teach” method:

- a) How to make a grilled cheese sandwich
 - b) How to wrap a present
 - c) How to get the best airfare using an online web search application
4. After each iteration, have the students briefly discuss what went well, where they struggled, and what the “observer” noticed about the interaction.
5. After ~15 minutes, come back together as a Large Group and discuss the exercise.

a) Animating Questions

- i. What was hard about teaching these “routine” tasks to each other?
- ii. Ask them to hypothesize what it might be like to teach medical information to a patient/family who might have limited medical knowledge.

J. WRAP UP GO-ROUND (Large Group) (~5 min)

1. Check how the class went for each student – use “green/yellow/red” to get a sense of their satisfaction (green = good, yellow = ok, red = not good). Alternatively, ask them to share one thing they learned from the session.
2. **NOTE: DO NOT KEEP THE CLASS MORE THAN 90 MINUTES.**
However, if you finish early use the extra time to ask them how they thought the class went and what they and you can do to make it better.
3. Please **clean up your room** before you leave!
4. **After the students leave, confer briefly with your co-Preceptors**
 - a) How they feel the class went
 - b) Whether some students or preceptors are *talking too much* (or too little)
 - c) Whether a preceptor’s style is *too rigid, is appropriately structured or is too loose*
 - d) Ask for this feedback re: your own teaching