

## **Worksheet: Planning for Medication Reviews**

- 1. What are the benefits of conducting medication reviews**
  - a. To the patient?**
  
  
  
  
  
  
  
  
  
  
  - b. To the doctor and the health care staff?**
  
- 2. What barriers might keep us from doing medication reviews?**
  
  
  
  
  
  
  
  
  
  
- 3. How can we do this in a timely manner in our practice setting?**
  
  
  
  
  
  
  
  
  
  
- 4. What action steps can we take? What resources do we need?**

## **Checklist for Patient-Friendly Office Procedures**

\_\_\_ **Exhibit a general attitude of helpfulness**

\_\_\_ **When scheduling appointments:**

- Have a person, not a machine, answer the phone**
- Only collect necessary information**
- Give simple directions to the office. Provide a map.**
- Help patients prepare for the visit. Ask them to bring in all their medications and a list of questions to help the doctor address their needs.**
- Use clear and easy to follow signage**
- Ask staff to welcome patients with a general attitude of helpfulness.**

\_\_\_ **During office check-in procedures:**

- Provide assistance with completing forms**
- Only collect essential information**
- Provide forms in patients' languages**
- Provide forms in easy-to-read format**

\_\_\_ **When referring patients for tests, procedures, or consultations:**

- Review the instructions**
- Provide directions to the site of referral**
- Provide assistance with insurance issues**

\_\_\_ **When providing patients with any information:**

- Routinely review important instructions**
- Provide handouts in and easy-to-read format**
- Use non-written informational aids**

## Worksheet: Identifying Barriers to Patients

Step back and take a serious look. Is your office/practice/clinical environment patient-friendly for all patients?

**Imagine that you are a patient coming to visit *your* practice for the first time today. What will you find there?** (If you do not work in a clinical setting, think about the last time you visited your doctor, or had a medical procedure.)

- How are you greeted by the front desk staff?
- What paperwork will the staff ask you to produce or complete?
- What rules and procedures will they ask you to follow?
- Will assistance be offered? In a private, confidential manner?
- What kinds of paperwork will you receive if you are referred for ancillary tests or consultations? How will you find your way to those tests and consultations.
- Will you receive handouts and consent forms? If yes, will you be able to understand them?
- Were directions to the office provided?
- When you made the appointment, did the person suggest that:
  - If you are taking any medicine, that you bring it with you?
  - You bring in a list of questions?
  - That you are welcome to bring someone with you?
- Will you receive patient education? Is it shame-free? Will you understand?
- Will you get the same messages from everyone (physician, nurse, medical assistant, etc.)?

*Use the space below to list the patient barriers which may exist in your practice setting. Prioritize the top 3 barriers you may want to work on at your site.*

**Exercise: Using Plain, "Living Room", Non-Medical Language**

**Medical Terms that Patients May Not Understand**

<b>Medical Term</b>	<b>Translation into Plain Language</b>
Analgesic	
Anti-Inflammatory	
Benign	
Contraception	
Hypertension	
Oral	
Echocardiogram	
Carcinoma	
Cardiac Problem	
Cellulitis	
Enlarge	
Heart Failure	
Infertility	
Lateral	
Lipids	
Menopause	
Monitor	
Osteoporosis	
Referral	
Terminal	
"Test Results are Positive"	
Toxic	

## **Exercise: Developing Simpler Handouts**

### *Key Messages: Strep Throat*

#### **Directions:**

- **Read the patient education handout below.**
- **Work with a partner to determine the top 3 "take-home" or key messages for the patient; write them below.**
- **Be prepared to share your reasoning in a group discussion.**

#### **Streptococcal Pharyngitis (Strep Throat)**

Your doctor has diagnosed you as having streptococcal pharyngitis, or "strep throat". Strep throat is caused by Group A beta hemolytic streptococcus, a common bacteria in the nose and throat that can cause sore throats (pharyngitis) and skin infections. Symptoms of strep throat include pain and redness in the throat, difficulty swallowing, fever, and swollen glands in the neck. Sometimes there is a rash going along with the sore throat, in which case patients are said to have "scarlet fever." Strep throat occurs most commonly in children.

The symptoms of strep throat go away by themselves, even without treatment. Without treatment, however, a small percentage of patients with strep throat will develop into rheumatic fever, a serious disease of the heart and heart valves. When patients get rheumatic fever, heart valves may be damaged and in the future, the patient may need open heart surgery to replace a heart valve. Although rheumatic fever is uncommon, in recent years there have been more cases reported.

The treatment for strep throat involves taking penicillin, an antibiotic that kills the streptococcus bacteria. The reason for treating strep throat is not to make the sore throat get better quicker. Rather, the reason for treating the strep throat is to prevent the development of rheumatic fever. Treatment with penicillin for 10 days almost always prevents rheumatic fever. It is important that you take the penicillin for the full 10 days, even if you are feeling better before the medicine is used up. That's because taking the penicillin for less than 10 days may not protect you against rheumatic fever. Patients allergic to penicillin can take one of several other medications.

Create a new handout here. If you need more space, use the back of the page.

## **Checklist for Patient Understanding**

**This document could be useful for both patients and clinicians:**

**At the end of each office visit, a patient should be able to answer the following questions:**

- **What health problems do I have, and what should I do about them?**
- **Where do I go for tests, medicine, and appointments?**
- **How should I take my medicine?**
  - **When do I take it?**
  - **What will it do?**
  - **How do I know if it is working?**
  - **Who do I call if I have questions?**
- **Other instructions**
  - **What to do**
  - **How to do it**
  - **When to do it**
- **Next Steps**
  - **When do I need to be seen again?**
  - **Do I have another appointment? If so, what is the date and time of the appointment?**
  - **Do I have the needed phone numbers to call?**

## **Formatting Checklist for Easy-To-Read Written Materials**

### **General Content**

- Limit content to one or two key objectives. Don't provide too much information or try to cover everything at once.
- Limit content to what patients really need to know. Avoid information overload.
- Use only words that are known to individuals without medical training.
- Make certain the content is appropriate for the age and culture of the target audience.

### **Text Construction**

- Write at, or below, the 6th grade level.
- Use one or two syllable words.
- Use short paragraphs.
- Use the active voice.
- Avoid all but the most simple tables and graphs. Place clear explanations (legends) adjacent to each table or graph, and also in the accompanying text.

### **Fonts and Typestyle**

- Use large font (minimum 12 pt. ) with serifs. (Serif text has the little horizontal lines that you see in this text at the bottom of letters like f, x, n, and others.)
- Don't use more than two or three font styles on a page. Consistency in appearance is important.
- Use upper and lower case text. ALL UPPER CASE TEXT IS HARD TO READ.

### **Layout**

- Assure a good amount of empty space on the page. Don't clutter the page with text or pictures.
- Use headings and subheadings to separate blocks of text.
- Bulleted lists are preferable to blocks of text in paragraphs.
- Illustrations are useful if they depict common, easy to recognize objects. Images should be age appropriate and culturally appropriate for your target audience. Avoid complex anatomical diagrams.

## Selected Resources

### **Guides to Teaching and Writing for Patients with Limited Literacy Skills:**

- Doak, CC, Doak LG, Root JH. *Teaching Patients with Low Literacy Skills*. 2nd edition, Philadelphia: JB Lippincott Company, 1996.
- National Literacy and Health Program. *Easy Does It: Plain Language and Clear Verbal Communication*. Ottawa: Canadian Public Health Association, 1998.
- Osborne, H. *Overcoming Communication Barriers in Patient Education*. New York: Aspen Publishers. 2001.
- Centers for Medicare and Medicaid Services. *Writing and Designing Print Materials for Beneficiaries: A Guide for State Medicaid Agencies*. Order by fax # 410-786-1905.

### **Sources for Easy-to Read Patient Education Materials**

- *Health and Literacy Compendium*. Boston MA: World Education, 1999.  
<http://www.worlded.org>

### **Organization Web Sites**

- American Medical Association Foundation Health Literacy Initiative  
<http://www.amafoundation.org>
- Michigan State Medical Society  
<http://www.msms.org>
- National Institute for Literacy  
<http://www.nifl.gov>
- Pfizer Health Literacy Initiative  
<http://www.pfizerhealthliteracy.com/>
- Reach Out and Read  
<http://www.reachoutandread.org/>
- Center for Health Care Strategies: Fact Sheets on Health Literacy  
<http://www.chcs.org>