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Health literacy, patient information and combating misinformation

Geoff Walton and Joanne Naughton

Introduction

In this chapter, we will explore definitions of health literacy in relation to individuals and wider society. We will examine which groups in society are more likely to be affected by low health literacy and describe how having low health literacy impacts on a person's health and wellbeing and the services that support them. We will set out tools and techniques that can help people with low health literacy and promote health literacy in practice. Finally, we will outline the context for work by health library and knowledge specialists in promoting health literacy.

What is health literacy?

Health literacy can be defined in relation to an **individual** and to wider **society**:

For an individual, health literacy describes the extent to which a person can find, understand, use and apply health information as well as interact with healthcare services to make health-related choices for themselves and others. Health information behaviour and health literacy are complex phenomena which have received much attention in information behaviour research such as how people engage with or avoid health information (Sairanen and Savolainen, 2010). Critical health literacy (Sykes et al, 2013) is one notion which has been employed to empower individuals to make informed decisions. However, information behaviour research demonstrates that whilst some individuals will readily seek health information some will actually actively avoid it in order to reduce the risk of experiencing negative emotions such as fear, anxiety and depression (Case & Given, 2016; Sairanen and Savolainen, 2010). For some, engaging with health information can increase their anxiety, although the vast majority of people will seek health information to reduce anxiety, (Pifalo et al, 1997).

For a society or healthcare system, health literacy relates to the provision of information and services in a way that is accessible to all and empowers people to make informed healthcare decisions. However, the pandemic and the scare regarding the link between the Measles Mumps and Rubella (MMR) vaccine and autism (Lewandowsky et al, 2012) have put into stark relief how health misinformation can spread, often quicker than good quality information (Spring, 2020). The term 'Infodemic' aptly describes the former phenomenon (Zaracostas, 2020). What we can conclude from this is that, as health information professionals, it isn't simply a question of providing good quality health information, there is also a need to actively combat misinformation and deliberate disinformation which is so easily available via the internet.

The dual aspect of health literacy (individual and societal) is reflected in the World Health Organization Definition:

"Health literacy refers to the personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health." (Dodson, 2015)

To overcome the individual and societal health literacy problems and improve health literacy, it is clear that action is required to help people to develop their personal health literacy skills and, at the same time, ensuring that the NHS and the wider health and care system provides good quality health information which can be accessed and understood by everyone who needs it. The availability of good quality information and positive health conversations will in turn help people to increase their

confidence and knowledge and is likely to lead to better engagement in their own healthcare. As one GP explains: “Time spent supporting my patients to develop language and confidence in health pays dividends in supporting their health and their self-management of illness.” (GP working in a deprived city practice in the North East of England, personal communication, March 3, 2022). An important part of healthcare engagement is shared decision making, where a healthcare professional and an individual agree an approach to treatment or managing a health condition. In some national policies, such as shared decision making in England and Wales, health literacy skills are specifically referenced (NICE, 2021).

How many people are affected by low health literacy?

In England, 43% of working-age adults are unable to understand and make use of everyday health information, rising to 61% when numeracy skills are needed for understanding (Rowlands et al., 2015). **This means that health information is too complex for most of us to understand.**

Who is more likely to be affected by low health literacy?

Certain population groups are more at risk of limited health literacy (Public Health England, 2015). These groups include:

- People from disadvantaged socioeconomic groups.
- Migrants and people from ethnic minorities
- Older people
- People with long term conditions
- Disabled people

Research in the USA e.g., (Rudd, 2007; Paasche-Orlow, 2005) and the EU (Sorensen et al, 2015) found similar results with educational level as an additional factor. Characterised by some as information poverty (Case and Given, 2016), this phenomenon appears to be a reflection of social inequality and is manifest in terms of a low-level of processing skills such as reading, social isolation and a fatalistic outlook. It is linked to information avoidance where those with low levels of processing skills feel a sense of information overload which causes them anxiety and hence they avoid the information altogether. To begin to address this issue, Health Education England commissioned the development of a health literacy data site which uses survey data on literacy and numeracy as a measure of health literacy levels at the local authority level in England (University of Southampton, 2020). This geodata site can help to target priority areas for health literacy interventions. It is also a useful training tool as it helps health and care professionals to relate to health literacy needs in their local area.

Why does low health literacy matter?

There is evidence to show that limited health literacy is linked to poorer health outcomes, (Baker et al., 2002, Cho et al., 2008) and higher mortality rates (Wolf et al., 2010). Those with lower health literacy levels are less likely to take up screening appointments or to have a healthy lifestyle e.g. healthy eating (Chen et al., 2013, Chesser et al., 2016, von Wagner et al., 2007). Information literacy research by Walton et al, (2021) also found that those less able to make good judgements about information (information discernment) were at risk of experiencing a negative stress reaction to misinformation. The implication of this is that, when encountering health misinformation, those with low-levels of health literacy may be vulnerable to experiencing an additional negative effect on their physiological well-being. In other words, **health literacy is a key determinant of health.**

Improving health literacy has the potential to empower people to build their confidence and skills in order to take more control of their own health and well-being and reduce risks to health. Developing health literacy skills can form part of a wider strategy to reduce health inequalities.

Digital health literacy

Health information and interactions are increasingly digital. However, 2.6 million people living in the UK are still offline and $\frac{1}{3}$ of benefit claimants have very low digital engagement (Lloyds Bank, 2021). People with low health digital literacy skills can be particularly vulnerable to misleading health information. We also know that meeting the health information needs of people who are marginalised or disadvantaged can help to reduce health inequality. (Gann, 2020)

Health Literacy in a pandemic

“Covid has been a real crash course in a health literacy experience on a planetary scale” (Guinn Delaney, cited in Economist Intelligence Unit, 2021, p. 55)

Higher levels of health literacy can help to reduce pressure on healthcare systems and lead to behaviours which promote public health. For this reason, improving health literacy is an important means of addressing health challenges such as pandemics and the related ‘Infodemic’ identified by Zaracostas (2020).

Levels of health literacy

Health literacy is difficult to measure in terms of skills/achievements. Don Nutbeam (2000) adapted existing literacy models to describe health literacy in terms of what our skills **allow us to do**:

Level 1: **Functional health literacy**: the skills to be able to function with day-to-day health information e.g. read leaflets, labels and to understand basic verbal health communication.

Level 2: **Interactive health literacy**: more advanced cognitive, literacy and social skills which allow us to interact with a range of health information as an active participant, applying information to new situations.

Level 3: **Critical health literacy**: more advanced literacy, cognitive and social skills allowing us to critically review a range of types of information, to interact with and challenge the healthcare system and exert control over health outcomes.

Reflection: How is your health literacy?

Personal reflection on factors influencing your health literacy

Consider how receptive you are to health information. How do you rate your confidence and skill in understanding and managing health information?

- Right now, in a work or study context
- When supporting a loved one
- When diagnosed with a life-changing condition

What are the factors that affect your health literacy?

Why does health literacy change?

Poor Health literacy is not just about having low skills, although this is one of the most basic barriers to good Health Literacy.

Most people will have Health Literacy needs at some time during their life, regardless of their skills level (McKenna et al., 2017)

- When managing multiple/new health conditions.
- Because healthcare/illness can be a frightening thing for many people.
- The language of health can be unfamiliar to people.
- Because there is often stress and anxiety associated with health e.g. existing illness, new diagnosis.

What is the impact of low health literacy?

For the NHS

Low health literacy is costly for the NHS and for any health care system. One study estimated that limited reading- and numeracy-related health literacy accounted for an additional 3-5% of total healthcare cost annually (National Academy on an Ageing Society, 1999).

Improving access to health information and enabling patients to take an active role in their own health and wellbeing brings financial benefits to the healthcare system in terms of reducing wasted medications, demand for GP appointments, A&E attendances, emergency admissions, re-admissions and the amount of time spent in hospital, as well as reducing compensation and legal costs. (Patient Information Forum, 2013 p. 13).

For patients, the public and healthcare staff

Health Literacy Stories

Here are some real examples of misunderstandings which result from low health literacy and/or poor health communication. Consider the impact of these misunderstandings for the people concerned in terms of their well-being and ability to manage their own health:

A woman who sprayed her inhaler on her dog as she had learned that she was allergic to her dog.

A man who thought the progression of his tumour was a good thing.

A woman turning back from an oncology centre as she had been told to go to the cancer centre.

These stories show us that health literacy is a very real issue with damaging and sometimes dangerous consequences for people who use the services and for the staff who support them.

What is the role of NHS knowledge and library specialists?

Knowledge for Healthcare is the Health Education England Strategic Framework which shapes the work of knowledge and library specialists in England. Our strategic ambition is that "NHS bodies, their staff, learners, patients and the public use the right knowledge and evidence, at the right time, in the right place, enabling high quality decision-making, learning, research and innovation to achieve excellent healthcare and health improvement." (Health Education England, 2021, 6).

NHS knowledge specialists are based in a range of different settings (mental health services, community and hospitals) and work in varied and imaginative ways to improve the experience of patients, carers and service users. Some services have created bespoke resources for patients e.g. reminiscence boxes for dementia patients and these resources can be used on wards and sometimes in the library, depending on the organisation. Some librarians work directly with patients, helping them to find health information or even running reading groups with them. Other services have trained local public librarians in the skills they need to manage health enquiries in the community.

Health librarians are recognised as experts in facilitating access to high quality research evidence and knowledge for healthcare staff. They are skilled in finding, appraising, organising and structuring health information. NHS knowledge specialists provide evidence summaries and syntheses to inform patient care, service planning and policymaking within the health service. Increasingly, knowledge specialists provide summaries of evidence to inform patient information. Some services also manage the process of updating patient leaflets (print and digital), using their information management skills to ensure that patient information is evidence-based, systematically updated and delivered in a consistent, accessible format for everyone who needs it.

As information literacy experts who work closely with other healthcare professionals, NHS knowledge specialists are natural champions of the health literacy “movement”. Since 2018, Health Education England (working initially with the Community Health and Learning Foundation) has been delivering a programme of health literacy awareness training to NHS knowledge and library specialists and some library specialists from other relevant fields e.g. public libraries and higher education. The training covers much of the content discussed in this chapter including the impact of low health literacy for the individual and the healthcare system and tools and techniques to improve health literacy and simplify information.

Based on evaluation data from early in the delivery of the health literacy programme, Health Education England worked with partners to develop and promote a range of learning materials to suit different learning styles, training scenarios and audiences. As a short introduction to health literacy, the eLearning for Healthcare Health Literacy Programme (NHS Education for Scotland and Health Education England, 2020) gives a good overview of the impacts and signposts to some tools to help. A 15-minute, bitesize face to face session was developed for use in inductions or as a short taster to stimulate interest. For trainers with more time, one-hour session was made available which was accredited by the Royal Society for Public Health. When training was delivered face to face, the full health literacy awareness and train the trainer programme involved 1-day sessions and were delivered at the regional level. Since the coronavirus pandemic, the training has been delivered as a half day online. The Health Education England Health Literacy How to Guide (2018) provides a useful toolkit to support training delivery.

At the time of writing, 264 knowledge specialists have gone through the awareness training, out of which 61 are now active trained trainers with the skills to cascade this training to others. These trainers have cascaded to over 300 healthcare professionals within the NHS. There is strong engagement in the wider healthcare system and Health Education England is responding by increasing capacity to deliver training to meet growing demand. There is a thriving, national health literacy community of practice where knowledge specialists who have varying degrees of expertise and knowledge, share resources and know-how. The focus of this group is on developing skills and confidence in training delivery among knowledge specialists.

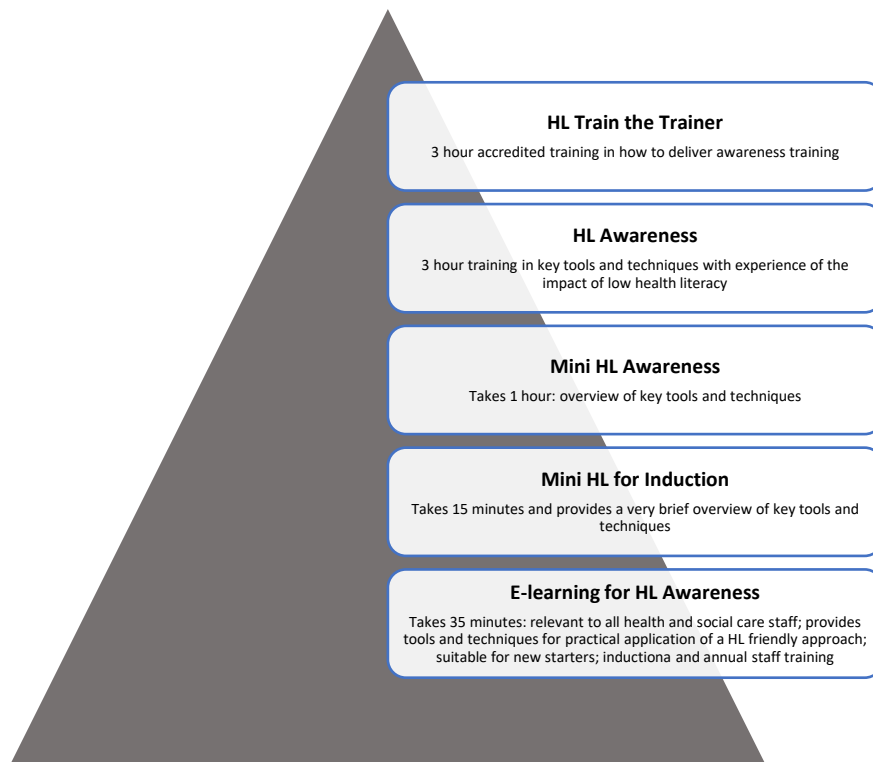


Figure 1: Model for scale and spread of health literacy training, adapted from Ruth Carlyle and Sally James, Health Education England, 2019

Health Literacy in Practice

Here are examples of how NHS Knowledge and Library Services are making an impact on health literacy awareness and action in their own organisations and communities:

Case Studies

Case Study No. 1
Team/Project Lead: North East London NHS Foundation Trust: Catherine Jenkins
Trust: North East London NHS Foundation Trust
Initiative: Collaborative working with public library
Target Group: The public
Library specialists from the Mental Health Trust worked closely with public library colleagues to deliver drop-in health information sessions for the public as part of the Universal Health Offer. “Allows people to access and be signposted to up-to-date information by specialists – we don’t have

that capability” Development Librarian, Redbridge Public Libraries.

NHS knowledge and library specialists also worked with a local Children and Adolescent Mental Health Services to provide access to the Reading Agency Shelf Help Collection (specifically designed to support younger people with mental health issues). They helped to design display materials and the collection has been promoted and used effectively by the Team. One team member who works with young offenders, described how one client with low literacy skills responded when she read aloud to him from one of the books:

‘So every session we had, we’d have a little bit of time talking about where he was with his mental health, and then we’d sit and go “OK, Jackanory Time”, and I’d spend half an hour reading him this book.’

While the book was being read to him, her client turned up for every single session, was much more engaged, and achieved better outcomes in treatment:

‘And he would sit there and he would suddenly say, “Oh yeah, I get that!” “Yes that’s me!” “I really understand it!”’

Key themes: Relationship building, health information, mental health

Case Study No. 2

Team/Project Lead: Greater Manchester Mental Health NHS Foundation Trust: Lorna Dawson

Trust: Greater Manchester Mental Health NHS Foundation Trust

Initiative: Health literacy and health misinformation training

Target Group: Health and social care staff

At Greater Manchester Mental Health NHS Foundation Trust, the Library and Knowledge Service team delivers the Better Information Programme which offers Health Literacy Awareness and Introduction to Misinformation training.

The Health Literacy course raises awareness of poor health literacy levels in Manchester and signposts to techniques to improve written and verbal health literacy communication. The Misinformation course teaches attendees how to check the quality of online health information and spot the signs of misinformation.

The training is delivered to staff in health, social care, community and voluntary organisations across Manchester. It uses a cascade model where attendees are encouraged to share the training with colleagues as well as their users.

The training was particularly popular during the COVID pandemic when misinformation was rife and when it was also evident that health literacy barriers stopped certain populations receiving important COVID updates e.g. people with English as a second language.

A Volunteer Coordinator at the COVID-19 Chat Community Champions programme, shared how the training has helped prevent the spread of misinformation and fraud:

“After the training I came across a supposed government link that was being circulated on WhatsApp and social media to help people who had contracted COVID and needed assistance accessing financial support from the NHS Test and Trace team. Ordinarily after seeing a post with the government logo, I would immediately share with my network and people in the community without checking its authenticity, but on this occasion, I decided to subject the post to a test from the training called the SHARE checklist, and this test helped me avoid sharing a link which was a scam to defraud unsuspecting people in the community.”

Key themes: Health information and misinformation, mental health

Case Study No. 3**Team/Project Lead: Northern Devon Healthcare NHS Trust/Lynsey Southern****Trust: Northern Devon Healthcare NHS Trust****Initiative: Health literacy awareness training****Target Group: Healthcare professionals**

Health Literacy (HL) offers an opportunity to extend the skillset of the healthcare librarian. In my role as and NHS Knowledge & Library service (KLS) manager, it is also the chance to develop my communication and teaching skills.

I've delivered sessions to junior doctors, preceptors, social prescribers, paramedics, GPs and student nurses. The reach of our health literacy offer is now moving into the community where I support the development of a five year community health inequalities strategic plan bringing our KLS health literacy expertise to the table.

Health literacy is often an unknown term when people attend their first session but its impact is far reaching on individuals and teams. The sharing of local HL levels is a shock but the practical skills training we deliver enables staff to catalyse the information and make an immediate change to their everyday practice.

Quotes from healthcare professionals who have attended health literacy training:

"The session helped me learn the importance of teach back and to use it effectively. It's taught me that I need to do things differently and to check my comprehension when discussing missed pills rules with patients." – Preceptor

"I have gained knowledge and will be clearer with medications, specify medication times, doses etc. To make sure that patients have clear information" - Nurse

"The team here on ICU [Intensive Care Unit] are always very conscious of how distressing it can be to have a loved one admitted to the critical care environment, and how intimidating and overwhelming it can be for visitors to see all of the equipment and attachments. We had been looking for a way to help alleviate some of the stresses for visitors to the environment by having a display with pictorial references and simple text to make the information accessible to all.

After listening to our excellent librarian Lynsey Southern talk about health literacy and its importance and seeing other healthcare Trusts tweeting about similar displays, I contacted a company who specialise in making in healthcare infographic panels. We are delighted with the results." - ICU team

Key themes: Relationship building, seizing an opportunity, awareness raising, highlighting services and skills

Case Study No. 4**Team/Project Lead: Dorset County Hospital NHS Foundation Trust/Morag Evans****Trust: Dorset County Hospital NHS Foundation Trust****Initiative: Health literacy champions****Target Group: Healthcare staff**

Health Literacy Awareness training has led to the setting up of health literacy champions in a Trust in Dorset.

After attending health literacy awareness training and with the help of a “Plan, Do, Study, Act” approach, the librarian recruited several members of staff as health literacy champions who are passionate about raising awareness of and signposting to good quality health information to both colleagues and patients. Champions meet every two months with the librarian reporting monthly to the Trust’s Health Inequalities Group. Training in health literacy is also delivered to doctors in their inductions and at preceptorship study days, as well as ad-hoc workshops for other members of staff. A bulletin on health literacy has also been produced. Evaluations are captured using Slido and used to inform future training. Health literacy awareness training has also encouraged library staff to demystify and simplify some of the terms used in library ‘jargon,’ which has informed marketing strategies, displays and other promotional material produced. Further afield, the librarian has worked with the county’s public library managers in delivering health literacy awareness, leading to further events and liaison with public library colleagues.

Key themes: Relationship building, seizing an opportunity, health literacy training

Health Literacy in the Prison Environment

Health Education England has been working in partnership with a group of prison librarians to address health literacy issues among the prison population. Prison librarians report that the single most important obstacle to accessing current, high quality health information for prisoners is digital access. Most prisoners have no access to online content (for security reasons). The disparity between wider society and prison, in terms of access to health information, is growing as health information and health consultations are increasingly made available digitally.

We know that those with lower literacy and numeracy skills suffer worse health outcomes. It is estimated that 50% of people in prisons have a reading age of 11 or below (Shannon Trust, 2022). Many have had negative educational experiences, low self-confidence and may lack motivation. Providing a safe environment with resources which are accessible and engaging is a constant challenge for prison librarians.

As part of the partnership, Health Education England delivered health literacy awareness and train the trainer sessions to prison librarians who are now spotting opportunities to roll out health literacy training as part of their offer into prisons

Health Education England facilitated links between prison librarians and local NHS knowledge and library services. These links have helped in terms of access to high quality health information and in providing opportunities for prison librarians to build confidence in their health literacy skills. The partnership with prison librarians is ongoing and a range of opportunities to improve health literacy are emerging including:

- Building links with health professionals and education teams in the prison service.
- Making resources available via Prisons online platform, Virtual Campus and signposting staff.
- Developing a programme to promote the prison librarian's role in health literacy and patient information, using existing communication channels to engage prisoners/residents in their own health and wellbeing e.g. tailored health feature in a prison magazine.
- Roll out of health literacy training to CILIP Prison Libraries Group
- Opportunities to shadow NHS librarians
- Developing impact case studies; showcase the contribution prison libraries make to health and wellbeing.

Partnerships in Health Literacy

As already described in this chapter, health literacy is multifactoral and low health literacy can affect us all, at different times in our lives. Partnership approaches are needed to address the range of societal, system and personal factors which can influence health literacy.

The National Health and Digital Literacy Partnership is a cross-sectoral initiative led by Health Education England and facilitated by the Chartered Institute of Library and Information Professionals (CILIP). The aim of the Partnership is that citizens have the health literacy skills, the underpinning digital skills and resources to make shared decisions and manage their health and wellbeing. Member organisations have signed a Compact that expresses a shared commitment to working together to establish a sustainable, common information environment through which skilled information providers e.g. library staff, pharmacists, third sector staff, support and empower digitally and health literate citizens.

There are 3 main strands to the work of the partnership.

- **Workstream 1** focuses on **skills development** for information providers and the public to develop their digital and digital health navigation skills. the development of tools and resources
- **Workstream 2** cascades training and promotes access to high quality **health information resources and tools** such as the Health Literacy Geodata Site (University of Southampton, 2020) and, in the longer term, a sustainable platform to host resources. .
- **Workstream 3** involves building community partnerships and testing approaches through pilots to see what works well. Health Education England have funded a range of small community projects. These pilots have included building community digital health hubs; funding health literacy training; health and digital literacy champion schemes; resource kits for outreach health and digital literacy work with 16–25-year-olds.

The partnership builds on existing infrastructure. The aim is to ensure sustainability by making health literacy part of digital skills, information skills and information service access in local communities.

Improving health literacy: some tools and techniques

Tools to help when speaking to patients, service users and carers

Teach back is an evidence-based technique recommended by NICE (2021) to ensure that patients and carers understand the information that has been given to them by asking them to explain what has been discussed in their own words. The healthcare professional takes responsibility for communicating the message clearly so that the burden is not on the patient. So, for example, a healthcare professional might say “Just so I can be sure that I have explained everything clearly, could you please tell me how you will take this medication.”

Chunk and check means ensuring that you break information down into small, manageable chunks so that people can take in the information. Using the two techniques together so that you check for understanding after giving a chunk of information (rather than waiting until the end) is most effective.

Keeping health information simple

Much of the information we receive about our health and wellbeing is in print and digital form. Given that the majority of the population struggle with everyday health information (Rowlands et al., 2015) and that 14.9% of adults in England read and write at or below the level we would expect of a 9- 11-year-old (Department for Business, Innovation and Skills, 2012), it is very important that all healthcare information is provided in **simple, accessible language**. There are a whole range of factors which affect how we can access and use written health information including literacy, language skills and a range of disabilities (visible and hidden). The Accessible Information Standard (NHS England, 2016) is designed to set out a common approach to meeting the information needs of people with a disability, impairment or sensory loss. All organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Standard which stipulates that health information must be provided in an accessible format, such as British Sign Language, where this is requested.

Tools to simplify written language

There are a range of **free tools** to help to simplify language and assess the reading age of any written material:

- Hemingway Editor, SMOG Readability Formula, Plain English Campaign.

Health Information Tools

- NHS Digital Content Style Guide: a guide for staff to produce accessible, inclusive health information.
- Ask 3 Questions Tool: designed to help patients and carers to make the most of their health appointments. Easy Read versions of these tools have been co-created by Health Education England in collaboration with IC Works and people with learning disabilities.

Finding good quality health information

The NHS Website provides an A-Z Guide to treatments, symptoms and health and wellbeing information which covers most common conditions. Royal Colleges and third sector organisations also provide valuable specialist health information for a range of less common conditions on their websites e.g. Macmillan Cancer Support, Royal College of Obstetricians and Gynaecologists. During the pandemic, the need to ensure access for all to reliable health information became even more acutely important. NHS knowledge and library specialists responded by signposting high quality digital content from their websites. Health Education England created a Health and Coronavirus Information Website.

There is a huge range of sources of health information available and the ability to differentiate between good and poor quality or even dangerous content is a key health and digital literacy skill. There are several tools that can help to judge the reliability of health information online:

- CRAAP Test: designed to assess the quality of any online information.
- DISCERN: quality criteria for consumer health information
- SHARE Checklist to help citizens to decide which information it is safe to share online.

Exercises

How health literate is the NHS?

- Read the following list of medical terms and abbreviations used commonly in NHS communications and signage.
- Take 1 minute to write down the meaning of the terms or any synonyms **without the use of any tools to help:**

Radiology

Acute

Gynaecological Oncology

Chronic

Hypertension

CT Scan

Colposcopy

Obstetrics

MRI Scan

Prosthetics
Phlebotomy

How far did you get?

Reflection and discussion

- How easy is it for the public to understand healthcare information and signage?
- What kind of issues might this cause for patients and the public?
- How could the healthcare system make it easier for people to understand health information and signage?

Using Teach Back and Chunk and check to simplify spoken communication:

Example: Preparing for surgery: eating and drinking

Nurse: So, Mr Smith, you will be having your surgery on Tuesday next week. It is very important that you stop eating and drinking in plenty of time before your surgery to give your stomach time to empty. This will help to avoid problems during surgery.

On Monday, you can eat and drink normally. Follow your normal routines up to 1 o'clock on Tuesday morning, so that is Monday night into Tuesday morning.

You must eat nothing after 1 o'clock on Tuesday morning.

So, just to make sure I have made this clear, can you tell me what time you will eat your last food before your surgery?

Patient response.....

That's great. So for drinking, you must stop drinking tea, coffee, alcohol and any other drinks except water from 1 o'clock in the morning, so that is Monday night into Tuesday morning. You can still drink water only until 6 o'clock on Tuesday morning. From 6 o'clock in the morning you must not drink anything.

Again, just to I can be sure I have explained these instructions clearly, can you tell me when you will have your last drink before surgery?

Patient response....

Note: *this scenario does not represent clinical advice. It has been created for learning purposes only.*

Group Activity

Working in groups of 3 or 4

Decide who will be the patient, the clinician and the observer(s) for the clinical scenario

The clinician reads the scenario and prepares an approach to sharing this information with a patient.

The patient should not read the scenario

Consider potential areas for confusion and how you would address these using spoken and written communication. Use teach back and chunk and check methods to get your key messages across, keeping the burden of communication on you.

The patient can ask questions and tries to process the information, relying on the explanation of the health professional.

The observer notices what works well and what could work better and feeds back **at the end of the practice**.

Remember, keep your information and instructions clear and concise

This activity should take around 20 minutes to complete (including feedback)

Get Some Practice

Clinical Scenario

You are prescribing Metronizadole (anti-biotic) to a patient to treat a leg ulcer. How would you explain this information to a patient in **plain language**, using **teach back** and **chunk and check** to ensure understanding?

Here is the information you need to explain to the patient:

Dosage: 400 mg (2 x 200 mg tablets) every 8 hours

Warning: Patient must avoid alcohol while taking the antibiotic and for 48 hours after they have finished the course – if alcohol is consumed, the patient may well experience a disulfiram-like reaction (nausea, vomiting, flushing, dizziness, throbbing headache, chest and abdominal discomfort, and tachycardia [fast heartbeat]).

Instructions:

Take with or just after food, or a meal

Swallow this medicine whole. Do not chew or crush

Take with a full glass of water

Space the doses evenly throughout the day.

Keep taking this medicine until the course is finished, unless you are told to stop

Note: *this scenario does not represent clinical advice. It has been created for learning purposes only.*

[information taken from the British National Formulary (2022) and Patient UK (2022)]

Reflection

- What were the main points noted by the observer(s)?
- What did you learn from this exercise?
- Could you see ways of applying teach back and chunk and check in different work or learning settings?

Chapter Summary and Key Learning Points

- Health literacy is complex and is influenced by a range of factors (societal and personal).
- Low health literacy is a widespread problem and is related to health inequality.

- Even those with high levels of health literacy may struggle to find and use health information effectively during times of stress or illness.
- Low health literacy can have serious consequences for individuals and the healthcare system.
- There are a range of high-quality tools to help to simplify information (both written and verbal).
- NHS knowledge and library specialists play a key role as health literacy advocates and in facilitating access to high quality health information for patients and the public.
- Partnership working with other information providers and specialists is essential for successful health literacy interventions.

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