



In Plain Words: Creating Easy-to-Read Handouts

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Writer's Tool Box

*Think like a wise man but communicate in the
language of the people.*

- William Butler Yeats

This packet of information is designed to assist you in writing your patient and family education materials. Good teaching materials do not happen by themselves. They require planning, research and coordination.

Teaching materials are never meant to take the place of one-on-one teaching. However, they can help to supplement the process.

Please feel free to call the Education Department if you have questions or need assistance as you work on your materials.

Why create patient education materials?

Patient education materials can help your teaching efforts in the following ways:

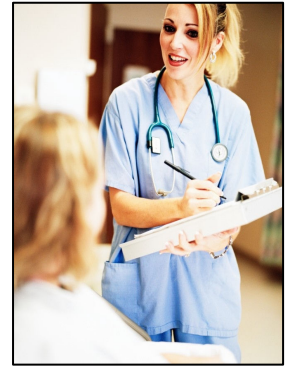
- Reinforce teaching and increase retention
- Improve understanding and decrease barriers
- Help make teaching faster and easier
- Improve compliance
- Improve staff and patient satisfaction
- Serve as a resource for families to use at home
- Provide consistency across the spectrum of care

Where do I start?

The best place to start is with a good *assessment* of learner needs. Ask yourself these questions:

1. **What is my goal or purpose – what do I hope to accomplish?** Identify a need for the material and validate your thoughts by talking with other team members. Some considerations for teaching materials include needs related to:
 - high volume (asthma)
 - catastrophic occurrences (stroke)
 - chronic conditions (diabetes)
 - high cost, high tech, complex procedures (chemotherapy)
 - new treatments or drugs
 - “bread and butter” subjects (eye surgeries)

2. **Who is my audience? Where and when will the information be used?** Is the information for an adolescent or elder, inpatient or outpatient, support group, public at large, classroom or bedside?
3. **What does the patient want and need to know?** What does the patient know about the subject already? The focus of the material should be centered around the patient's needs and questions.
4. **What developmental, cultural, economic, language, literacy, psychosocial and physical factors need to be considered?** What staff or patient barriers can be minimized by using written materials? What age group is the material for? Will the material be in English or Spanish? Are there visual, auditory or mobility problems to consider?
5. **Are other resources available on the subject?** Does Bucyrus Community Hospital already have materials on this subject? Is there anything available from an outside vendor that would meet the identified needs?
6. **What is the best way to deliver the information?** Will a teaching sheet or pamphlet do the job? Do I need a booklet or manual for a more comprehensive approach? Is the information for a patient newsletter? Does the subject require a video? (NOTE: videos are usually the most expensive vehicle to use, but are excellent for demonstrating difficult procedures or skills such as CVC line care or for "visually walking" a patient through an experience such as surgery. Videos should be kept under 15-20 minutes whenever possible.)



7. **What are my budget considerations?** How much money is available to produce the item and how can I get the most for the money? How many items are needed, what are production and duplication costs, can the item be marketed? Your manager or the Education Department is your best resource for discussing department-specific patient education needs and budget considerations.

Getting ready.....

Once you have decided on your content, audience and vehicle, it's time to beginning **planning**. The old axiom of "plan your work and then work your plan" holds true with the development of patient education materials.

1. **Contact the Patient Education Coordinator before you begin your work.** All patient education material production is coordinated through the Education Department.
2. **Gather your team of content experts.** You may be writing a simple teaching sheet by yourself, or producing a manual with the help of 3 or 4 other staff members.



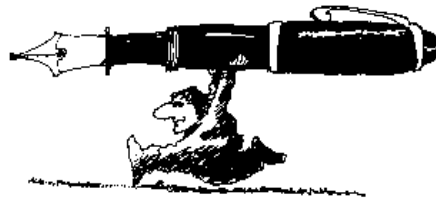
3. **Research your topic.** Be prepared to list at least 1 or 2 recognized sources of information to support your content (items such as a BCH Policy and Procedure, national organization literature, texts, journal articles, etc. can serve as resources). You may also find other published teaching sheets, pamphlets or videos on the subject helpful in planning your work.
4. **Set a time line for the project.** Communicate deadlines, responsibilities, goals and expectations clearly with all team members. Work with the Patient Education Coordinator to meet project deadlines.

What's next?

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Now comes the fun and exciting part - you're ready to *implement* your plan!
Remember to focus on your goal and what the patient wants and needs to know.

1. **Organize and outline the key points you want to make.** Write down the main points you want the patient to learn about. Decide if you need illustrations, photographs, or other graphics.
2. **Write a draft.** Follow the suggested format if writing a teaching sheet. Booklets or manuals are best written in section or chapter format for ease of reading.

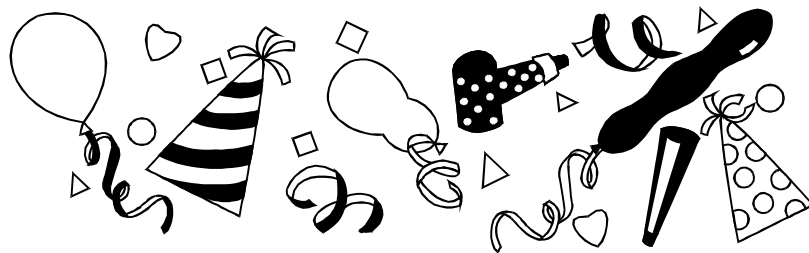


3. **Check your work to be sure it's accurate, current and relevant and that it meets BCH Policy and Procedures.** Have it reviewed by other "content experts" and adjust it as needed. Keep a record of your resources as you work.
4. **Submit your work to the Patient Education Coordinator.** All drafts should be submitted on a disc along with a hard (paper) copy. Drafts should be done in New Times Roman font and 12 pt type. See the flow chart (in notebook) for more details of how your project will proceed through the system. Keep a copy of your work through the various stages of development for your files.
5. **Review the first edit.** Make any changes needed and circulate it to "content experts" for review again. At this point, **patients and families**, Risk Management, other healthcare disciplines, physicians, and others involved should review the project also. If needed, "test" the material on your unit for a few weeks before putting your "stamp of approval" on it. (**NOTE:** the review with patients and families, Risk, MDs, etc.

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may be done later in the project, if future edits are needed). Complete and return the “Content Review Form” along with your materials to Patient Education Coordinator.

6. **Review the second edit if needed.** If your project requires a second edit, review it once more, make any necessary changes and resubmit it to Patient Education Coordinator. This will be your final opportunity to make any changes in the content of the material.
7. **Review the project in its formatted form.** At this point, changes should be minimal and should only be for accuracy of punctuation, main headings, bullet points, etc. Resubmit the project with any corrections to Patient Education Coordinator.
8. **Inservice the staff.** Once you are ready to implement your material, it’s time to make sure that everyone who will be using it knows about it. Use posters, flyers, staff meetings, etc. to make sure staff is informed. Provide a time for staff to ask questions that may arise. **The best resource we have for great patient education is a well-informed staff.**
9. **Celebrate!** When your project is completed, remember to celebrate and thank everyone who helped with the project. A small party, cookie, or candy goes a long way in making everyone feel appreciated.



Am I done now?

Not quite! Now, it’s time to *evaluate* your work. Once your material is in place and being utilized, it’s time to evaluate the effectiveness of your material. The evaluation can be formal if needed, or simply an informal query on your unit. Evaluation should focus on **outcomes**, not only what is taught, but also what is **learned**. Remember these points when evaluating outcomes:

- Has your original goal been met?
- Are patients and staff satisfied with the material?
- Has patient education improved?
- Are patients asking less questions about the subject?
- Is staff spending less time educating?
- Has a behavior change occurred?



- Is it cost effective?

One final word.....

We couldn't complete a training session on patient education without a reminder to **document** your teaching and the use of your materials. Documentation is an effective way to:

- communicate patient education to the rest of the team.
- satisfy the legal obligation to provide a record of patient care.
- meet hospital standards for your job performance.
- meet JCAHO and other regulatory standards.
- provide information for reimbursement

The “golden rule” of documentation applies to teaching also – if it isn't documented, it isn't done!

Putting Pen to Paper Write in Plain Language

“To recreate something in words is like being alive twice” Ancient Chinese Poet.

Here are a few **general guidelines** to help your materials be more easily read and understood. Remember that you are **not** writing for your peers, but for an audience that often times have absolutely no prior knowledge of the topic.

The purpose of this Writer's Tool Box is to help you write at a middle school level using Plain Language. It can help you provide your patients and families with more easily read, easily understood documents.

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Why is Plain Language important?

Poor reading ability is a big problem in our country today. In addition, even good readers may not be able to read and understand health-related materials. Plain Language is necessary because oftentimes patients and families:

- Read and understand at a middle-school level.
 - 50% of adults in the U.S. read at an 8-9th grade level.
 - 20% read at or below a 5th grade level.
 - 5% don't read at all.
- Are overwhelmed and intimidated by what they need to learn.
- Do not understand medical terms and jargon.

- Are hesitant to ask questions when they don't understand.

For the Medicaid population, the average reading level is 5th grade; the average Hispanic reading level (in Spanish) is 3rd grade.

This Tool Box will explore 10 evidence-based, easy-to-use tips that can help you write in a way that is easily read and understood.

Plain Language

What is Plain Language?

Plain Language is a way to write and speak so that your target audience (patients and families) can easily understand you. It is writing and speaking clearly and concisely using everyday, common, conversational language.

Plain Language is:

- Using commonly known and understood words and terms
- Eliminating non-essential information

Plain Language is not:

- “Dumbing-down”
- Talking down to a person

Plain Language Writing Tips

You can write effective patient and family education materials using Plain Language by following the **10 basic writing principles** listed here:

Plain Language principle	Example
1. Be personal – use second person (you, your) whenever possible.	Use “you” or “your child”, rather than “the patient” or “the child.”
2. Use a question and answer format to chunk information into manageable bites.	What symptoms could I have? When should I call the doctor?
3. Use common, 1 and 2-syllable words. Eliminate as many 3+ syllable words as possible. Define all medical terms.	Use doctor, medicines and advice, rather than physician, medications and recommend.
4. Use consistent words throughout the document; eliminate variations.	Use exam, test or procedure rather than all three words within the same document.
5. Use active tense; reduce or eliminate passive tense.	“Wash your hands before you eat,” rather than “Your hands should be washed before you eat.”
6. Write with nouns and action verbs; eliminate unnecessary words like adjectives and adverbs.	“Take your medicine with each meal,” rather than “It is important for you to take your medicine with food in the morning, afternoon and evening each day.”

7. Use simple sentences with about 12-15 words.	“Wash the equipment with soap and water after each use. Air dry with all clamps open,” rather than “Wash the equipment with soap and water after each use and air dry with all clamps open.”
9. Use bullet points instead of sentence and paragraph structure.	Watch your cut for signs of infection such as: <ul style="list-style-type: none"> • Redness • Swelling • Foul smelling drainage • Increased warmth
10. Limit extra symbols such as parentheses, slash marks (he/she, and/or) and abbreviations such as “etc.”	Co-joined and multiple use terms and symbols can confuse people with poor reading skills.

Tip #1
Be personal –
Use second person (you or your) when possible

Using the second person makes the materials more personal and helps to “grab” readers and put them in the situation.

- Write using a conversational, rather than a stiff, formal, clinical tone.
- Avoid a testing, lecturing or condescending tone
- Be sensitive to cultural differences

Formal, clinical tone - Patients may experience dizziness, headaches and weakness.
Personal tone – You may have dizziness, headaches and weakness.

Tip #2
Use a question and answer format –
Chunk information into manageable bites

This technique also helps to include the reader and pull them into the document. State why the information is important - “what’s in it for me?”

Examples include section headings such as:

- What treatment will I have?
- When can I return to work or school?
- What are the steps to changing my dressing?

Tip #3
Use plain words

Use the smallest word that does the job.
- E.B. White

It’s important when you write or speak to use plain, common words rather than medical jargon. When possible, use 1 and 2-syllable words or phrases to replace multi-syllable (3

or more syllables) words. Use an informal, conversational style. You wouldn't normally say, "The physician will be in momentarily to provide you with your medication prescriptions." You are more likely to say, "Your doctor will be in shortly to give you your prescriptions."

Below are some words that are commonly used when writing patient and family education materials, along with suggested substitutes to help you write at a middle-school level. The substitute you choose depends on the context and intent of what you are trying to say or write.

Instead of	Use
Ability	Skill
Accomplish	Do, act, carry out
Accurate	Correct, right
Additional	More
Alternative	Choice
Annually	Each year, yearly
Anticipate	Expect
Approximate (-ly)	About
Assist (-ance)	Aid, help
Attempt	Try
Bacteria	Germs
Cardiovascular	Heart, blood vessels
Communicate	Speak with, talk
Comply with	Follow
Concerning	About
Demonstrate	Show
Detect	Find
Determine	Decide, find
Detrimental	Bad, harmful
Develop	Occur
Diagnosis	Problem, condition, illness
Difficulties	Problems, trouble
Discontinue	Stop, end
Early detection	Find early, soon
Effective (-ly)	Works well, good, useful
Elevate	Raise
Eliminate	Stop, end, get rid of
Encourage	Help, offer to, tell, urge
Etiology	Cause
Evident	Clear
Examine	Check, see, study
Excessive (-ly)	Extra, too much, more than normal, a lot
Facilitate	Help, ease
For a period of	For
Frequent (-ly)	Often
Identical	Same
Immediate (-ly)	At once
Immunization or injection	Shot, protect
Indication	Sign
Initiate	Start, begin
Interrupt	Stop, pause
Maximum	Most, greatest, more

Medication	Medicine
Minimum	Least, smallest, less
Minimize	Decrease, slow down
Modify (-ication)	Change
Observe (-ation)	Check, see, watch
Occurrence	Event
Opportunity	Chance
Option	Choice
Participate	Take part in
Perform	Do
Permission	Consent
Physician	Doctor
Principal	Main, chief
Prognosis	Usual course, outcome
Provide	Give, offer
Recognize	Know, see, accept
Recommend (-ation)	Advise (advice)
Remainder	Rest
Saturate	Soak
Sensation	Feeling
Similar (-ity)	Like
Situated	Placed
Sufficient	Enough
Terminate (-ion)	Stop, end
Uncommon	Rare
Unnecessary	Unneeded, needless
Utilize (-ation)	Use
Visualize (-ation)	Picture, see

In addition, eliminate “connecting and introductory” words that are unnecessary, such as:

- therefore
- consequently
- however
- whereas, where of
- particularly, in particular
- in addition to
- regarding
- pertaining to

Tip #4 Use consistent words throughout the document – Eliminate variations

Consistent words reduce confusion

Using consistent words throughout a document helps to reduce confusion by reducing variables. Using the examples below, which would you prefer for clarity?

Word confusion	Word consistency
<p>Colonoscopy - When you arrive for your <i>procedure</i>, the nurse will check your temperature, blood pressure and heart rate. After this, she will help prepare you for <i>your exam</i>. You will need to have an IV started in your hand or arm before the <i>test</i> begins.</p>	<p>When you arrive for your <i>test</i>, the nurse will check your temperature, blood pressure and heart rate. After this, she will help prepare you for <i>your test</i>. You will need to have an IV started in your hand or arm before the <i>test</i> begins.</p>

<p>Strep throat - Strep throat is caused by the strep <i>germ</i>. The <i>bacteria</i> can cause fever, sore throat and stomach pain. The strep <i>organism</i> needs to be treated with antibiotics.</p>	<p>Strep throat is caused by the strep <i>germ</i>. The <i>germ</i> can cause fever, sore throat and stomach pain. The strep <i>germ</i> needs to be treated with antibiotics.</p>
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Tip #5
Use active tense
Reduce or eliminate passive tense

Be grateful for every word you can cut. Writing improves in direct relation to the things we can keep out of it that shouldn't be there.

-William Zinsser

New York Herald Tribune journalist

Studies have found that writing in active tense reduces ambiguity and adds clarity. It is better understood and remembered than writing in passive tense. When you write, use an action verb in active tense as much as possible.

Your goal – as close to 0% passive sentences as possible

What is active tense?

Active tense is when the subject (of the sentence) does something to the object (of the sentence).

Example: Ed watched TV.

Subject – verb – object

Sometimes, the subject is not stated, but is “assumed”.

Example: Wash your hands. (“You” is assumed to be the subject of the sentence)

What is passive tense?

Passive tense is when the object (of the sentence) has something done to it by the subject (of the sentence).

Example: The TV was watched by Ed.

Object – passive verb – subject

Passive verbs are often “to be” verbs such as is, are, was, were, am, be and been. These verbs are often joined by a second verb that ends in -ed or -en.

Below are some examples of active and passive tense sentences:

Active tense – no changes needed:

- The doctor changed the dressing.
- Give your child his medicine each day at bedtime.
- Most of us don't take the time to exercise each day.

- Your child should be immunized before starting to school.

Passive tense:

- The treatment was done by the therapist.
- Most heart disease can be prevented by following healthy habits.

Change to active tense:

- The therapist did the treatment.
- Healthy habits can prevent most heart disease.
- Immunize your child before he starts to school.

When should I use passive sentences?

You can use passive sentences:

- To keep from placing blame or to decrease hostility
 - Your bill has not been paid vs. You have not paid your bill
 - A mistake was made vs. You made a mistake
- If you don't know who the subject is
 - The medicine has already been started.
- If it just sounds better

Start the sentence or phrase with an action verb when possible. This lets the reader know exactly what they need to do.

Examples include:

- Wash your hands well.
- Know the side effects of your medicines.
- Keep good records of all your bills.
- Ask your doctor about the treatment.

Tip # 6

Write with nouns and verbs – Eliminate extra words

The most valuable of all talents is that of never using two words when one will do.
- Thomas Jefferson

Use nouns and verbs when you write and eliminate unnecessary, descriptive words, such as adjectives and adverbs. Some good examples are:

Too many words	No extra words
The patient population at large does not generally understand the complex diagnostic procedures that need to be completed.	Patients often do not understand their medical tests.
The Food and Drug Administration, other regulatory agencies and local boards set strict rule for the protection of consumers.	Our government sets strict rules to protect consumers.
Complex hormonal changes during pregnancy may cause a variety of women	Many women have mood swings during pregnancy due to changes in hormones.

to experience mood swings.	
Cancer is treated using aggressive medications known as chemotherapeutic agents.	Cancer is treated with chemotherapy medicines.

Ask yourself – does the reader really need to know this? Is this important to the meaning of the sentence? If not, eliminate it.

Tip #7 **Use simple sentences - Avoid complex sentences**

The finest words in the world are only vain sounds if you can't understand them. The best sentence? The shortest.
- Anatole France
French novelist and storyteller

People who have trouble reading and understanding may only comprehend one idea at a time. It's important to use simple sentences rather than complex sentences for this reason. Sentence length should be approximately 12-15 words, with about 3-4 sentences in a paragraph. Paragraphs should contain one main idea or topic per paragraph.

What is a simple sentence?

A simple sentence contains one idea.

Example: Asthma is a disease that affects many children. (1 idea)

What is a complex sentence?

A complex sentence contains two or more ideas.

Example: Asthma is a disease that affects many children and can cause missed days of school when it is not well managed. (3 ideas)

Complex sentences are often joined by “connecting” words or phrases such as:

- And
- Or
- But
- Nor
- However

Tip #8

Use positive statements – Reduce negative ones

In order to reduce reader “turn-off”, avoid a nagging, scolding lecturing or condescending tone. Use positive statements whenever possible to improve reader compliance and buy-in.

Negative tone	Positive tone
Never ride in a car without using your seatbelt.	Always use a seatbelt when you ride in a car.
Do not eat foods with a high sugar and fat content.	Eat a diet high in lean meats, fruits and vegetables.
Never send your child to school with a fever.	Your child may return to school when his fever is gone.

If you must use a “do not” list, combine items into one list to reduce the number of negative words the reader needs to read. This example groups the negative words into one sentence followed by a list of items:

After your back surgery, your doctor will tell you when it is safe to begin doing things again. Until then, **do not:**

- Lift more than five pounds
- Drive a car or truck
- Return to work

Tip #9

Use bullets - Break up sentences and paragraphs

Anybody can have ideas – the difficulty is to express them without squandering a quire of paper on an idea that ought to be reduced to one glittering paragraph.
– Mark Twain

Bullets help to make information easier to read and understand. They break up sentences and paragraphs and allow the reader to get through the information more quickly. They also help create “white space” on the page to rest the eyes and brain. Avoid having more than 6-8 bullets in a section.

Lists

Bullets can be simple lists, such as side effects and need no punctuation after the bullet.

Example:

- Headache
- Nausea
- Vomiting
- Diarrhea

Complete a sentence

Bullets can complete a sentence and require punctuation.

Example:

Before going home, be sure to:

- Review all of your medicines with your nurse.
- Ask about where to buy your supplies.
- Find out when your next doctor's visit is planned.

Complete sentences

Bullets can be a set of complete sentences and also require punctuation. This makes bullets harder to read than the above two methods.

Example adapted from www.MayoClinic.com:

- Your doctor may first suspect pneumonia based on your medical history and a physical exam.
- During the exam, your doctor will listen to your lungs with a stethoscope to check for abnormal bubbling or crackling sounds (rales) and for rumblings (rhonchi) that signal the presence of thick liquid.
- Both these sounds may indicate inflammation caused by infection.

Tip #10

Limit extra symbols such as parentheses and slash marks Explain all abbreviations

People who do not read well are often confused by symbols such as parentheses, slash marks and quotation marks. They also do not know what to do with commonly used abbreviations such as i.e., aka, etc.

Reduce or eliminate symbols and abbreviations when possible. Consider these examples:

- Make sure the doctor explains the test to you. He/she should also tell you what to do before and/or after the test is done.
- Eat plenty of whole grain foods such as whole wheat bread, etc.
- You may have a fever (i.e. temperature over 101⁰F)

Alternatives include these examples:

- Make sure the doctor explains the test to you. The doctor should also tell you what to do before and after the test.
- Eat plenty of whole grain foods such as bran cereal, oatmeal, brown rice, and whole wheat bread, crackers and rolls.
- You may have a temperature over 101⁰F.

Next step? Check the reading level of your document

Choosing a readability formula

Readability formulas measure the **approximate** grade-level of your document. None of the formulas are totally accurate, but they can provide a general guideline for ease of reading. There are over 40 different readability formulas.

- The formulas can only be used with prose text, not tables, charts or lists.
- Most consider only word length and sentence length.
- Most are accurate to within one grade level.
- Some specialized formulas can be used with a foreign language.

There are a number to choose from, including these commonly used ones:

Readability formula	Pros	Cons	Accuracy
Fry	<ul style="list-style-type: none"> • Fairly easy to use for hard copy documents • Includes grades 1 through 17 	<ul style="list-style-type: none"> • Must be done manually • Only checks for multi-syllable words 	Fairly accurate
SAM (Suitability Assessment of Materials)	<ul style="list-style-type: none"> • Measures more than word length • Considers multiple factors for easy reading 	<ul style="list-style-type: none"> • Must be done manually • Takes longer to do than any of the others 	Fairly accurate
SMOG (Simple Measure of Gobbledegook)	<ul style="list-style-type: none"> • Fairly easy to use for hard copy documents • Includes grades 1-18 	<ul style="list-style-type: none"> • Must be done manually • Only checks for multi-syllable words 	Not as accurate as the Fry or SAM
Flesch-Kincaid	<ul style="list-style-type: none"> • Computerized - included in Microsoft Office • Fast and easy to use 	<ul style="list-style-type: none"> • Not as accurate as the other tools • Only includes grades 1-12 	<ul style="list-style-type: none"> • Not as accurate as the Fry or SAM • When using, add a grade level to the results given

If your document is not at the desired grade level or reading-ease score, go back through the document and:

- Reduce the number of syllables in more words.
- Change passive-tense sentences to active tense.
- Eliminate unnecessary words.

- Reduce compound sentences.
- Use bullets to break up sentences and paragraphs.

Once this is done, run the readability formula again; repeat this process until your document is at the desired level.

Putting it all together

By following these guidelines, you will be able to write at a middle school level that most of your patients and families will be able to read and understand.

Here are some examples of writing at different grade levels using the guidelines in this Writer's Tool Box.

What is a spica cast?

Over 12th grade -

A type of hard splint made of plaster or fiberglass that completely encloses an injured or repaired body part and the surrounding area. The purpose of the spica cast is to prevent all movement and protect the broken bone or repaired hip or torn ligaments while maintaining the corrected position until it heals.

11th grade –

A spica cast is a type of hard splint made of plaster or fiberglass that surrounds an injured or repaired body part. The purpose of the spica cast is to prevent movement and protect the body part while keeping the correct position until it heals.

8th grade –

A spica cast is a type of hard splint made of plaster or fiberglass. It surrounds an injured or repaired body part. The purpose of the spica cast is to prevent movement, protect the body part and keep it in the correct position until it heals.

6th grade -

A spica cast is a type of hard splint made of plaster or fiberglass. It surrounds an injured or repaired body part to help:

- prevent movement
- protect it
- keep it in a correct position until it heals

3rd grade (when writing for children)

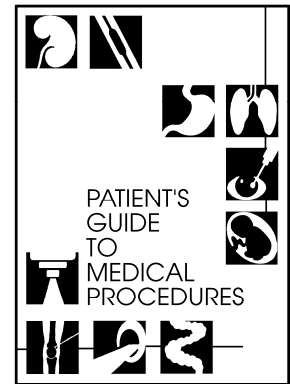
A spica cast can help you get better. It is a kind of hard bandage. A spica fits around your body and legs. It helps your legs and hips stay still until they can heal.

Formatting Considerations

Formatting is an important component for easy reading. Consider these attributes for your document.

Choice of font and paper

- Use at least 12 pt font, and 14 pt or larger for senior citizens or people with visual impairments.
- Line length should be about 50-70 characters.
- Maintain a high color contrast between ink and paper. Light paper with a matte finish and black (dark blue or purple) are the most readable.
- Limit fonts to two or three per page. Use simple fonts (Times New Roman, Garamond, Arial, or Tahoma)
- USING ALL CAPITAL LETTERS MAKES IT HARDER TO READ. Use upper and lower case letters appropriately. Use **bold font** to emphasize key points and for section headings and titles. Reduce or eliminate *italics*, ALL CAPS and underlining cuts off the tails of some letters.
- Use non-gloss or low-gloss paper.

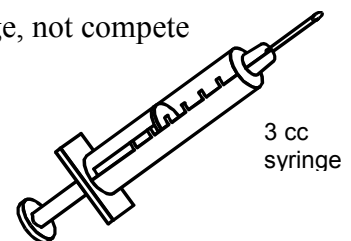


Chunk information

- Chunk information into relevant sections using a logical sequence. Each section should contain no more than 6-8 bullets or items.
- Leave lots of white space on the page to rest the eye and brain and makes the text appear easier to read.
- Left margins should be flush; right margins should be ragged (unjustified).

Illustrations

- A picture is worth a thousand words - use them as needed. Place illustrations below or near related text to keep them from breaking the reader's train of thought and so that they do not interrupt text.
- For adults, use simple line drawings that promote realism without being too detailed.
- Provide uncluttered, easy-to-read captions.
- Illustrations should call attention to and complement the message, not compete with it.
- Use captions or explanations that will explain the concept.
- Keep illustrations and pictures simple and uncluttered.
- Use people rather than animals or cartoon figures for teens and adults. Readers will become more personally involved if they can identify with the picture.
- Be sure that two illustrations showing wanted versus unwanted behaviors are clear and distinct.



Additional resources

- **American Medical Association** – health literacy resources
<http://www.ama-assn.org/ama/pub/category/8115.html>
- Doak, Doak and Root. *Teaching patients with low literacy skills*. Philadelphia: J.B. Lippincott Company. 2nd Ed. 1996. <http://www.hsph.harvard.edu/healthliteracy/>
- **Harvard School of Public Health** – Health Literacy Studies
<http://www.hsph.harvard.edu/healthliteracy/>
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www.nlm.nih.gov/medlineplus/plusdictionary.html
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