



Penn Medicine

IHA 22ND ANNUAL HEALTH LITERACY CONFERENCE

Health Literacy Professional Development: Integrating Patient Experience and Application Based Learning

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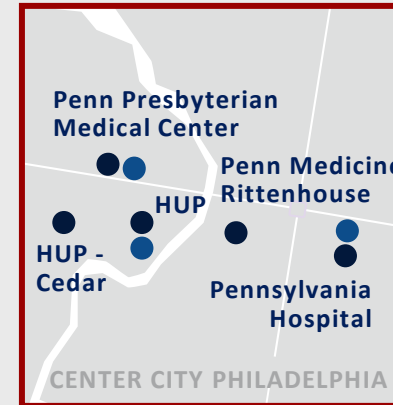
A Growing Footprint

Penn Medicine is powered by a talented and dedicated workforce, all committed to our mission of providing the best care of patients across 27 counties in Pennsylvania and New Jersey. We're proud to offer options for patients no matter where they live.

- HOSPITALS & INPATIENT FACILITIES
- MULTISPECIALTY OUTPATIENT SITES
- ALLIANCES & AFFILIATES
 - Virtua Health System
 - Trinity Health Mid-Atlantic
 - Grandview Health
 - Bayhealth
 - Shore Medical Center

PENNSYLVANIA

NEW
JERSEY



Lancaster General Health

Chester County
Hospital

Princeton
Health

Penn Medicine Is...

THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM &
THE RAYMOND AND RUTH PERELMAN SCHOOL OF MEDICINE



PATIENT CARE

Home of the nation's first hospital, founded in 1751



EDUCATION

First medical school in the United States



RESEARCH

Recipients of over \$1.097B in research funding



COMMUNITY SERVICE

900+ service initiatives funded by CAREs grants

Objectives

- State each component of the multidisciplinary professional development program.
- Describe the impact of integrating evidence-based strategies, patient experience, and standardized patients.
- Identify how the program promotes organizational health literacy.

Teach Back: Helping Your Patients Understand

Carolyn Cutilli PhD RN NPD-BC

Patient Education Specialist

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Teach Back: Helping Your Patients Understand

A History of the Program

- Evolved over 10+ years (minus 1 COVID year).
- Originally focused on teach back technique only.
- Request to expand to include all aspects of patient education.
- Updated curriculum based on evidence-based practice, participant feedback, new technologies/services, and pandemic.
- During pandemic moved to virtual. Now offered virtual and in-person.

Multiple Teaching Strategies



Didactic



**Video with
patient
examples**



Role playing



**Patient
storytelling**



**Simulation
with
standardized
patients**

Didactic Learning

Topic Highlights

- Health literacy overview
 - Definitions
 - Prevalence (emphasize 9/10 people do not have proficient health literacy)
 - Measurement
- Culture and health literacy
 - Role of health literacy in cultural humility and health disparities/inequities
 - Cultural broker
- Marketing principles and patient education
- Empathy development

Didactic Learning

Topic Highlights Continued...

- Health Literacy Toolbox
 - Health Literacy Universal Precautions
 - HCEA Patient Education Guidelines for Healthcare Professionals
 - Teach Back
- Patient-centered communication
 - Shared Decision Making
 - Motivational Interviewing

Expanded Health Literacy Model

- **Fundamental literacy**
 - Reading
 - Writing
 - Speaking
 - Numeracy
- **Science literacy**
- **Civic literacy**
- **Cultural literacy**

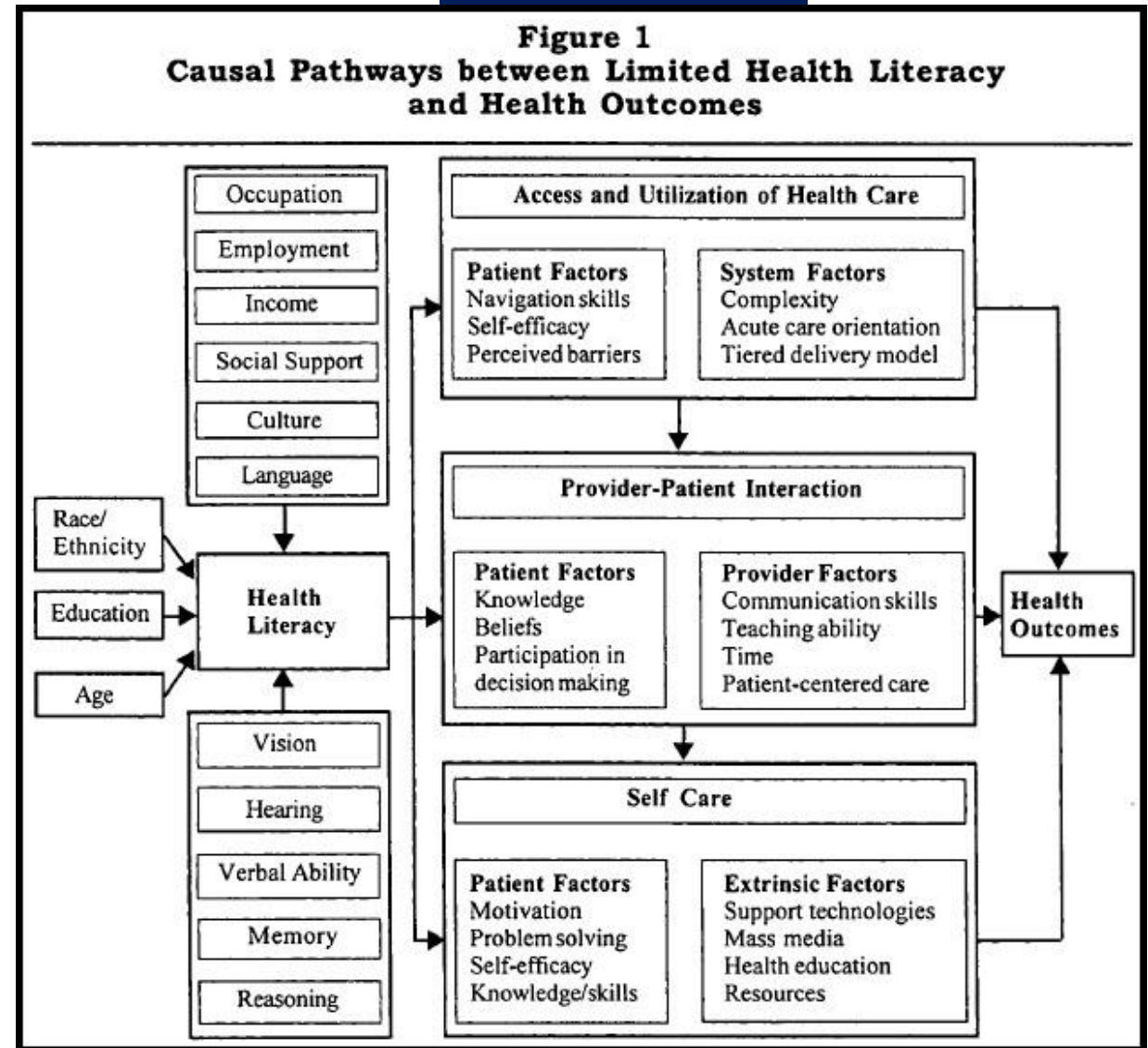
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Domains of
Health Literacy

Health Literacy Conceptual Models

Explain the relationship between health literacy and other factors that have been associated with health literacy.

Model: Causal Pathway Linking Health Literacy to Health Outcome by Paasche-Orlow & Wolf (2007)



Video with Patient Examples



Health Literacy and Patient Safety:
Help Patients Understand

American Medical Association
(AMA) Foundation
[AMAFoundation.org/go/healthliteracy](https://www.ama-assn.org/go/healthliteracy)

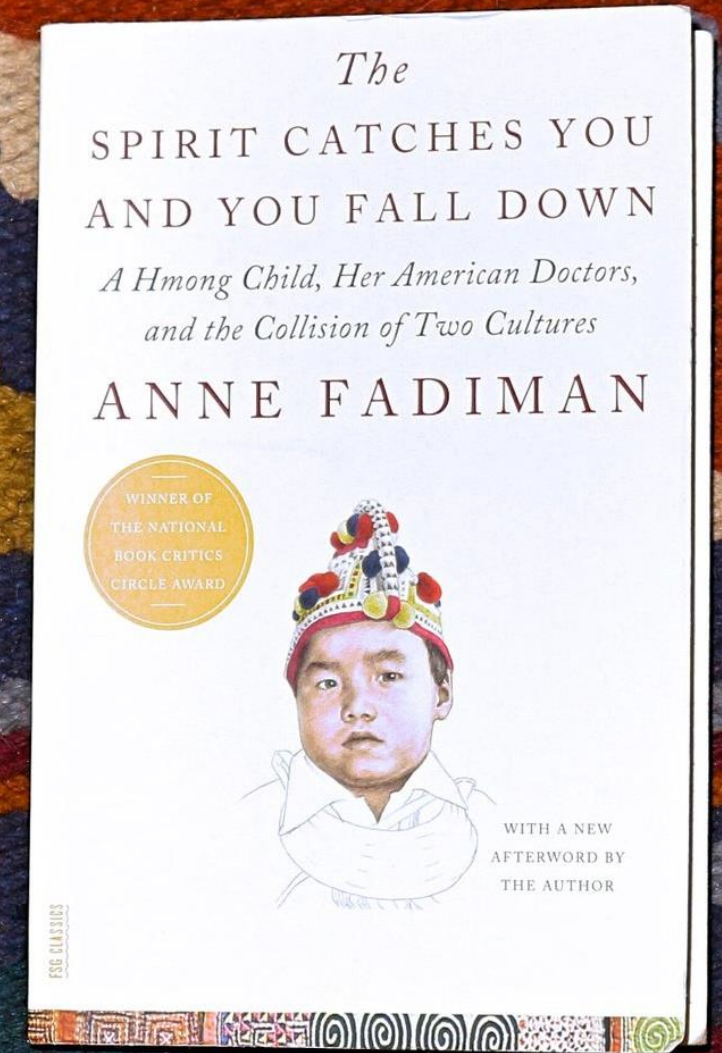
Culture and Health Literacy

Publications

Voyer, P., Rail, G., Laberge, S., & Purnell, L. (2005). Cultural minority older women's attitudes towards medication and implications for adherence to a medicine regimen. *Diversity in Health & Social Care*, 2(1), 47-61.

“The Spirit Catches You and You Fall Down...”

- Ann Fadiman 1997



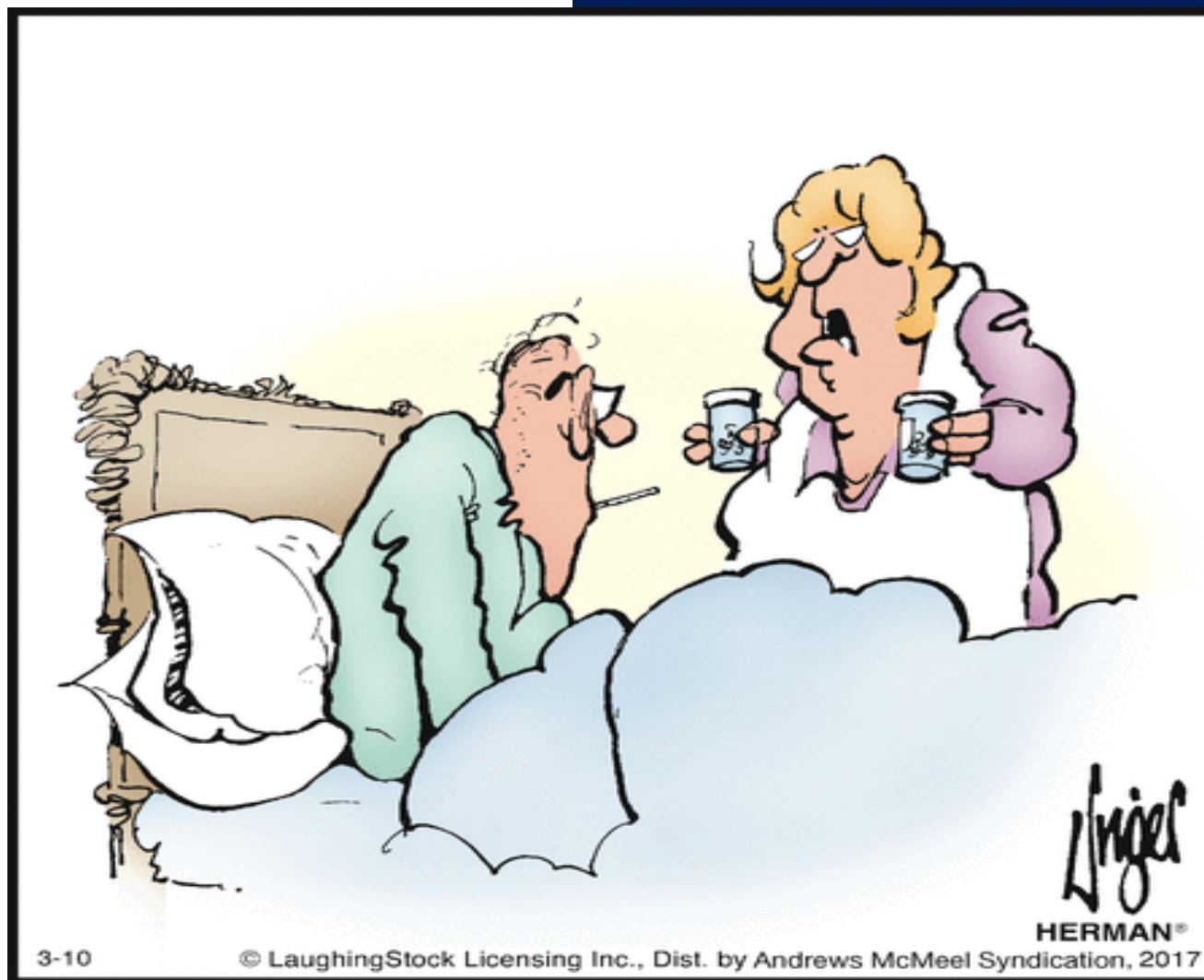
Empathy Development

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lohocla sehcuot the rebbur strap, as it sdnet to dry
and yllautneve kcarc the rebbur.

Empathy Development

How do you clean a capstan?

- Can you answer this question?
- Why are you having trouble answering the question?



**"Your green pills are all gone. Do you
wanna take a blue and a yellow?"**

“Seek first to
understand...”



... then to be
understood.”

COVEY, S. R. (2004). The 7 habits of highly effective people: restoring the character ethic. New York, Free Press.

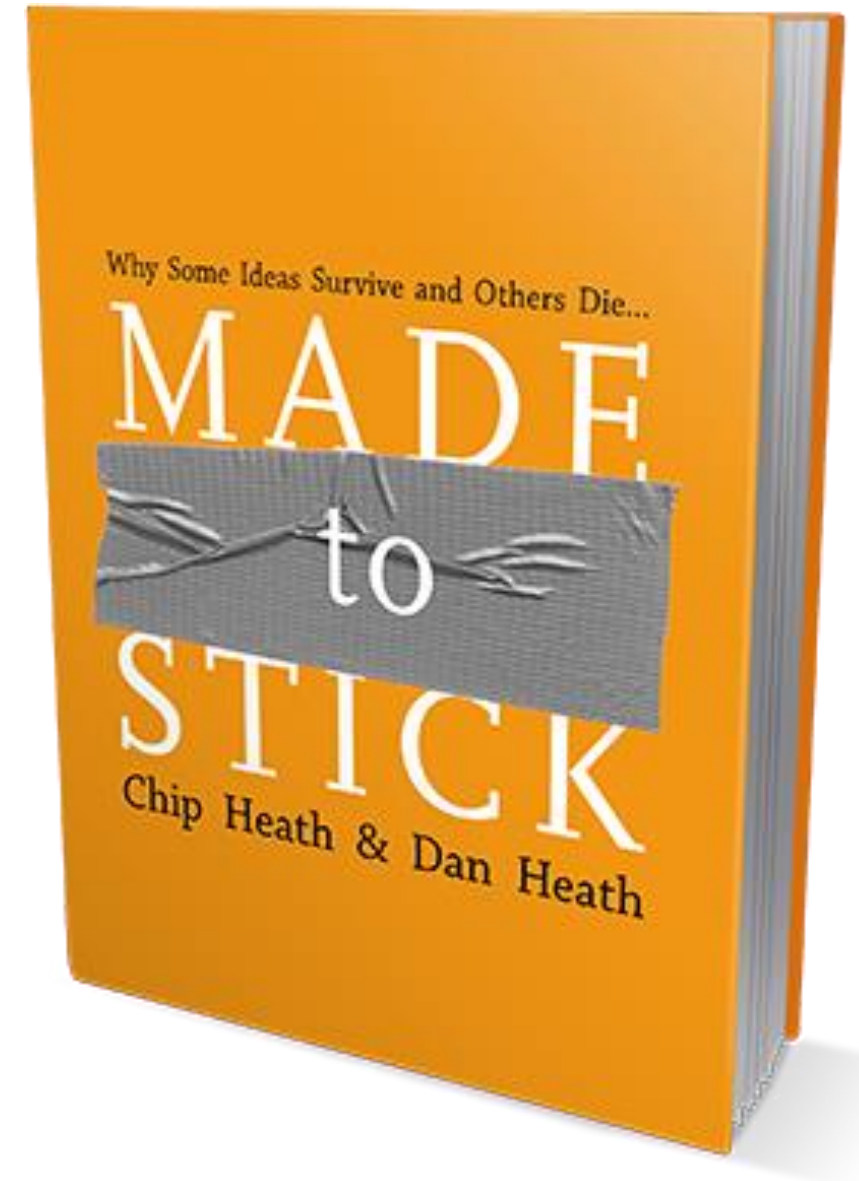
Getting to know your patient...

- What does this illness mean to them?
- What experiences have they already had that may impact what they know?
- What does your patient already know?
- What does your patient want to know?
- When is the best time for your patient to learn?

Thinking Like a Marketer

What do ideas have that survive?

- Simple—basic core message for idea
- Unexpected—get attention for the idea
- Concrete—clear ideas
- Credible—why believe the idea
- Emotional—makes people care about the idea
- Stories—idea in a story



Patient Education Practice Guidelines



HCEA-info.org/patient-education-practice-guidelines-for-health-care-professionals



Member Login 

Search our site...



Patient Education Practice Guidelines for Health Care Professionals

The Patient Education Practice Guidelines for Health Care Professionals was developed by the Health Care Education Association to provide concise direction for health care professionals. Patient education is defined as “A process of assisting consumers of health care to learn how to incorporate health related behaviors (knowledge, skill, attitude) into everyday life with the purpose of achieving the goal of optimal health” (Bastable, 2017, p. 542). Over 10,000 articles and resources were reviewed to identify evidence-based practice for patient education.

Quick Links

[Join Free Listserv](#)

[Patient Education Guidelines](#)

[View our Job Board](#)

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[Meetings & Events](#)

Announcements

The Patient Education Practice

Case Study- Original Text

Aircare is a mobile, tablet, and web-based app designed by nurses to help you transition to caring for yourself after returning home. You have been identified as a Heart Failure patient that could benefit from Aircare monitoring. Research shows that the thirty days following hospital discharge are critical; during this period, early identification of symptoms are key to prevent you from returning to the hospital. Frequent contact with healthcare providers can help with your transition home, but you are the most important person in keeping up with your health. Aircare can help you stay connected to your priorities and healthcare providers.

Case Study – Original Text

Approximate representation of the U.S. grade level needed to comprehend the text:

- SMOG : 13.68
- Flesch Reading Ease : 39.32

List of sentences which we suggest you should consider to rewrite to improve readability of the text :

- Research shows that the thirty days following hospital discharge are critical; during this period, easy identification of symptoms are key to prevent you from returning to the hospital

Case Study – Revised Text

Aircare is an application (“app”) that can be used on your cell phone, tablet or computer. It was designed by nurses to help people care for themselves at home after a hospital stay. Frequent contact with doctors and nurses can help to catch signs of worsening heart failure. This can keep you from needing to return to the hospital.

Case Study – Revised Text

Approximate representation of the U.S. grade level needed to comprehend the text:

- SMOG : 8.00
- Flesch Reading Ease : 77.59

Diabetes Book

This Guide Will Help You:



Eat right
page 4



Be active
page 23



Check your blood sugar
page 29



Take your medicines
page 37



Keep your feet healthy
page 41



Learn about insulin
page 46

Watch Your Portion Sizes

One of the easiest ways to control your blood sugar is to eat a little less of the foods you normally eat. Many people do not realize that the portion sizes they eat are too big.



Look at these pictures. The portions on the left are good. The portions on the right are too much.

RIGHT SIZE



TOO MUCH



RIGHT SIZE



TOO MUCH



Diabetes Book

You Can Do It

Remember, you are the most important person to protect your feet. Choose one of these ideas or write down one or two ways to take better care of your feet.

- ☐ I will wear slippers instead of going barefoot in the house.
- ☐ I will find a mirror to help see the bottom of my feet.
- ☐ I will ask my doctor whether I have the right kind of shoes.
- ☐ I will look at my feet for cuts, sores and blisters every day.
- ☐ _____



"Once I found a rock that I hadn't felt with my foot. Now I check every day."

Live Well With Diabetes

Remember, you are not alone. Like all of the people in this book, you can take charge of your life and live successfully with diabetes.



"I am exercising and have more energy. I feel better about myself!"



"I have taken charge of my life, and I am proud of what I have accomplished."



"Having diabetes has opened my eyes to new things."



"If I can do it, you can do it too."

3

Step Teach Back

Knowledge: What is the name of your pill?

Attitude: Why is it important to take the pill?

Behavior: Describe how you will take your pill at home.

“I have given you lots of information about the pill Lasix. I want to make sure I have done a good job.

Tell about the pill...its name, how you will take it at home, and why it is important.”

Teach Back

**Limit to the 3-4 most important things
you want the patient to remember or do**

“We have gone over a lot of information; can you tell me the key points?”

“I want to make sure I explained it correctly. Can you tell me in your words how you understand the plan?”

“How will you make it work at home?”

“What will you tell your spouse about your condition?”

“What do you think will work best for you at home?”

Motivational Interviewing

More guiding than directing ...
"listening at least as much as
telling."

"...a skillful clinical style for
eliciting from patients their
own good motivations for
making behavior changes in
the interest of their health."

4

Guiding Principles "RULE"

R - esist the "righting reflex"

U - nderstand and explore patient's
motivation

L - isten with empathy

E - mpower the patient...encourage
patient's optimism and hope.

Rollnick, S., Miller, M.R., Butler, C.C. (2008) *Motivational Interviewing in Health Care: Helping Patients Change Behavior*. New York: The Guilford Press.

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Motivational Interviewing

- Open ended questions

“Tell me about the things that seem to trigger an asthma attack.”

- Affirmations

“I’m so glad that you came to the clinic today.”

- Reflective Listen

“I’m so glad that you came to the clinic today.”

- Summarize

“I’m so glad that you came to the clinic today.”



Relate to patient and family **E**ducate Simply
Ask and answer questions **C**heck understanding
Help promote health literacy

Role Playing

Participants choose simple topic to teach

- How to make peanut butter and jelly
- How to make grilled cheese
- How to clip coupons



A Patient's Role

Robert Goodman BA, MBA

Patient Advisor

Penn Medicine
Heart Transplant Recipient

A Patient's Role

Patients are story tellers

- We tell stories about great patient care and education experiences
- We also tell stories that are not so great and can act as a teaching moment for staff at any level

Patients also provide perspective and context

- We talk about policies and practices that can be improved
- We also praise certain behaviors that we have experienced and hope that others will follow those examples

A Patient's Role

Patients look to add value to their own experiences by...

- Participating in their care decisions or have others designated do it for them if they cannot
- Patient care is not just in the hospital:
 - It's in doctors' offices
 - It's in outpatient settings
 - It's at home
 - It's with the pharmacy
 - It's online and through telehealth

A Patient's Role

“For many of us, it’s all those and more – learning about all of that can be daunting, so guidance from those formally taking care of us in hospitals can be key to success outcomes, even if not in the hospital.”



Simulation

A Facilitator's Role In Simulation

Haley Fuller M.Ed., CHES

Supervisor, Patient Education
and Engagement

Penn Medicine Lancaster General Health

The Facilitator's Role



Support Participants



Guide Participants



Answer Questions



Time Keeper



Organize Simulation Scenarios



Support Feedback Process

Support Participants

- New or different experience
- Anxiety with public speaking and integrating new skills

“When it [works out]... you never forget that as a learner. If you want to build somebody's self-esteem, support them in doing something that causes them anxiety.”

Bob Lenz, CEO of PBL Works

(A problem-based learning nonprofit)



Answer Questions

- Participants arrive with varied experience with standardized patients
- Encourage questions about the simulation process
- Clarify how each participant will engage the standardized patient
- Explain time in, time out processes



Organize Simulation Scenarios

- All participants utilize the same scenario. Each participant selects specific focus area and asks clarifying questions, if needed.
- Participants focus on “R.E.A.C.H. to Teach” (fundamentals of health literate communication), not accuracy of clinical content



Guide Participants

- Individual
 - Through the scenario to assure “R.E.A.C.H to Teach” implementation
 - Time keeper
- Group
 - Facilitate each participants simulation and feedback from group



Support Feedback Process

Organizes the feedback process from:

- Standardized patient
- Facilitator
 - Focus on open ended questions and self-reflection
- Other participant
- Encourage diverse feedback

Balance affirmations *with*
constructive feedback



Standardized Patient (SP) Program

Denise LaMarra, MS, CHSE

Director, SP Program

Perelman School of Medicine at the
University of Pennsylvania

SPs : Bringing Simulation to Life

- Teaching and assessment
- Safe space for clinical practice
- Feedback from patient/family member's perspective
- Different from role-play
 - Controlled setting
 - Standardization
 - Level playing field

Health Literacy Considerations

- Structured improvisation
- Challenges, “raising the stakes”
- Anticipating learner communication
- Glossary of terms



Recruitment and Training

- Authenticity
- Health literacy $\neq$ Intelligence
- Feedback
- Role play



Quality Assurance

- Program evaluations from trainees, SPs and preceptors
- Case refinements
- Training adjustments



Course Outcomes: Demonstrating the Impact

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Positive Outcomes



Increase in participant knowledge

- A consistent increase in knowledge from the ten question pre-test average (70%) to post-test average (85%) with each class.



Positive program evaluation

- Program evaluation average scores 4.4 out of 5.
- Participant comments such as “This course is excellent” and “This is a must for every clinician...”



Increase in HCAHPS (CMS patient surveying) scores

- HUP Communication with Nurse scores have consistently bench marked in the 90th percentile (FY23TD 92nd percentile).

Questions?



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