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Chunk and Chew: Nurses' Role in Helping Patients to Understand and Integrate Health Information

With

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Objectives

At the end of this workshop participants will be able to:

- apply HL skills in a “universal precautions” approach
- demonstrate the ‘teach back’ and ‘chunk and check’ method
- effectively integrate written and other education media according to HL
- have an awareness of available HL resources





Overview of Workshop

- **Background**
 - What it is
 - Why is it important
 - Universal precautions approach
- **Spoken communication technique**
 - Teach-back, chunk and check
- **Written communication considerations**
 - Plain language
- **Effective education delivery: right time, right place, right person**
 - Digital resources, skills of HCP





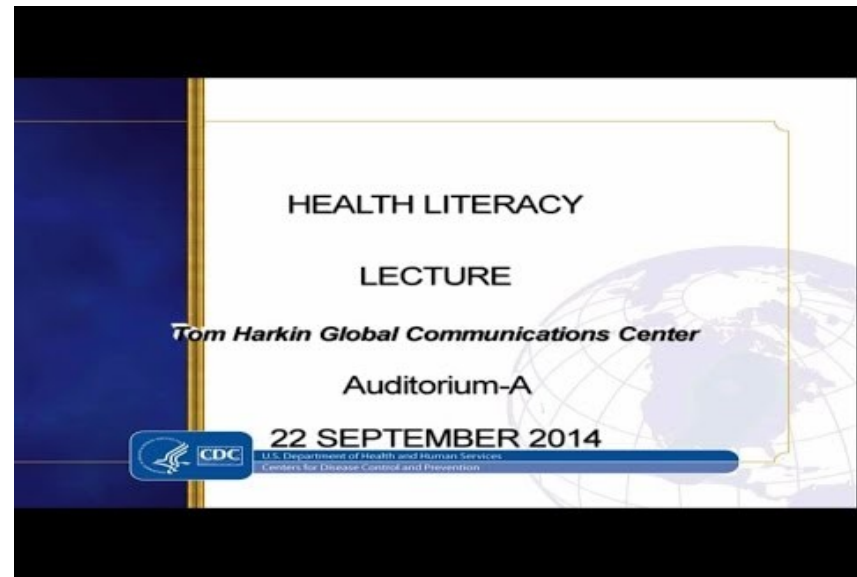
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What is Health Literacy?

The degree to which an individual has the capacity to obtain, communicate, process and understand basic health information and services to make appropriate health decisions *{according to their own values, context, and beliefs}*.

Patient Protection and Affordable Care Act, 2010 – US Law, Title V



<https://www.cdc.gov/healthliteracy/learn/index.html>



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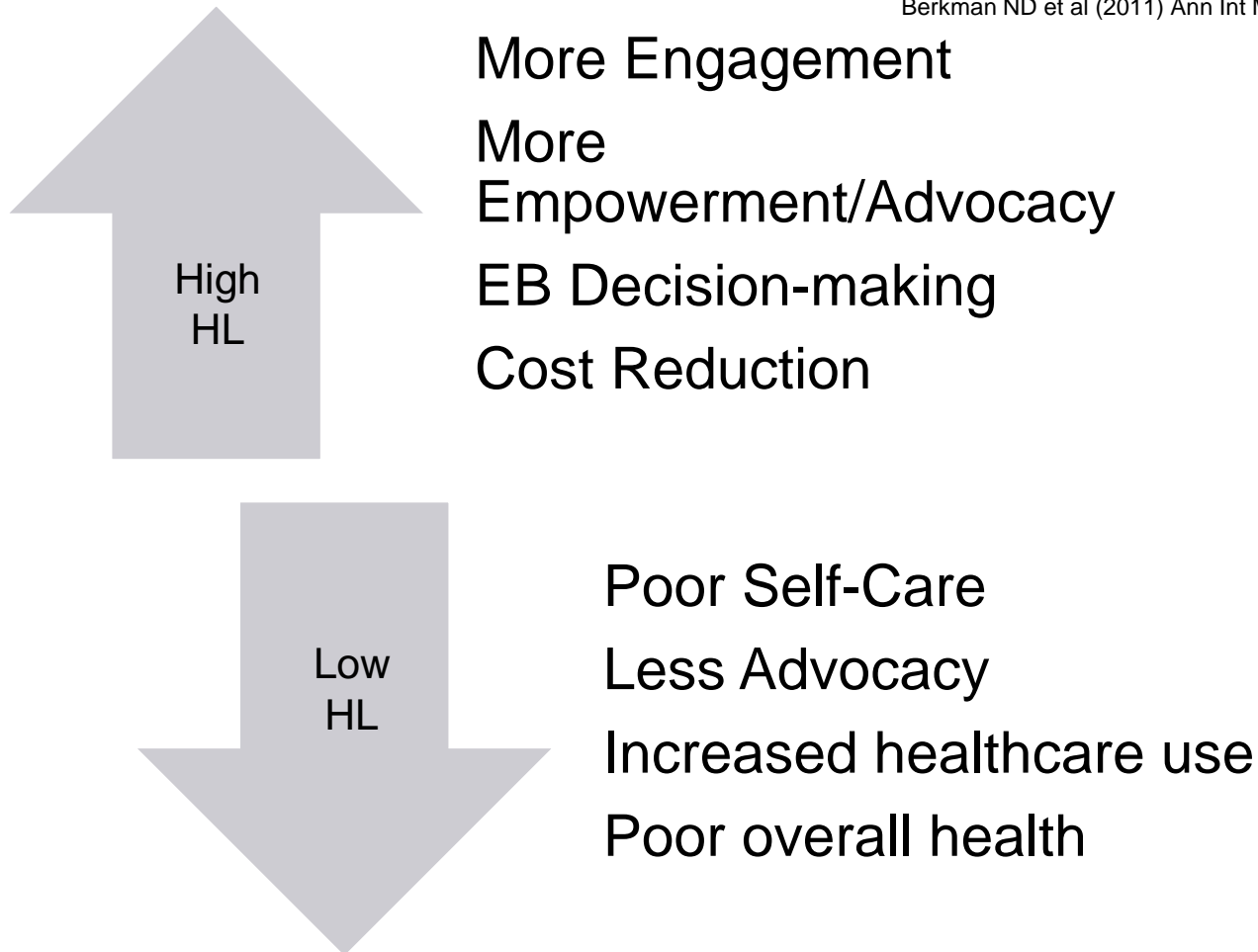
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HL Is Important...

Berkman ND et al (2011) Ann Int Med 155(2):97-107

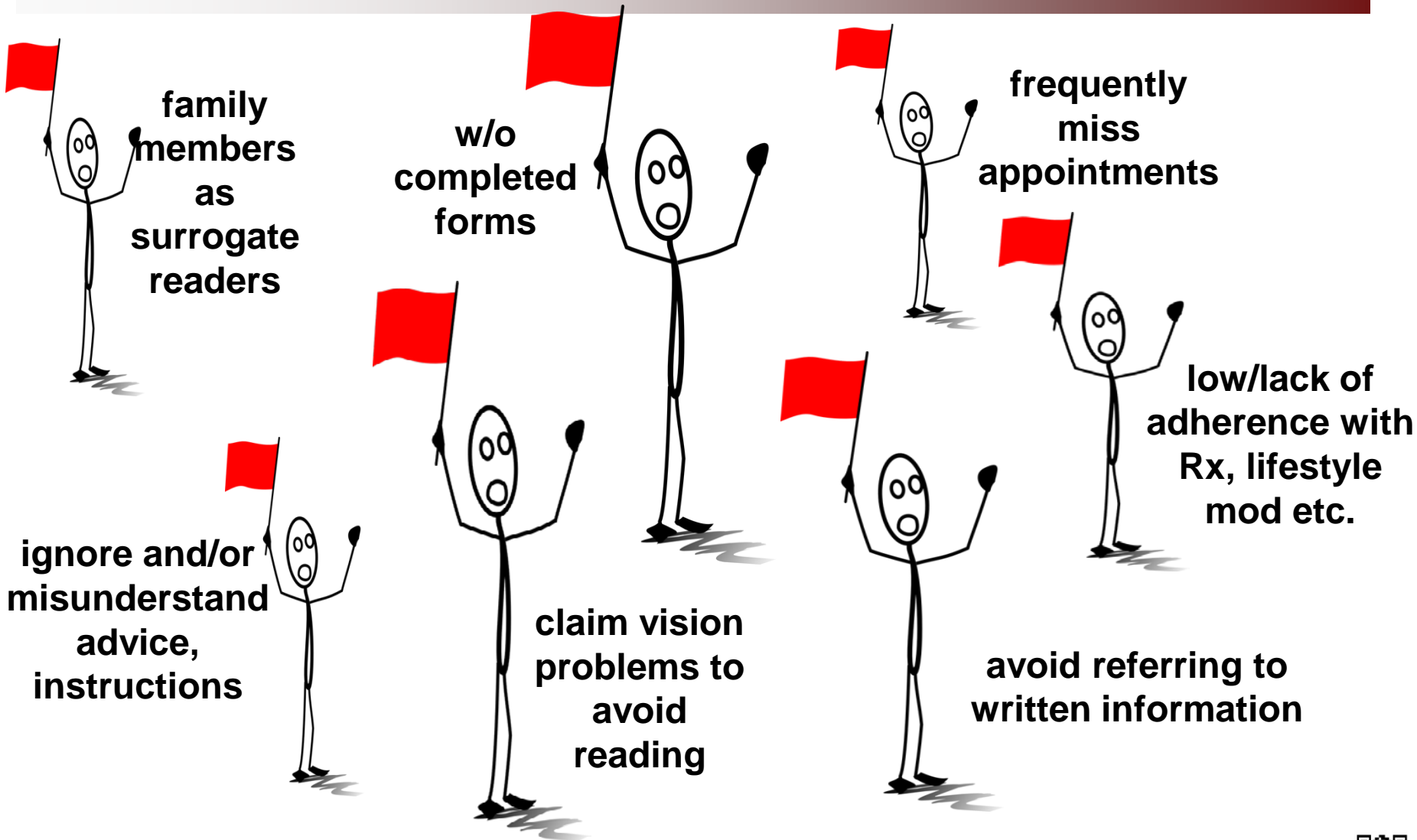




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Red Flags: Recognizing LHL






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Best HL Approach: Universal Precautions

“Because limited health literacy is common and is hard to recognize, **[we] recommend using health literacy universal precautions**...all patient and caregivers may have difficulty comprehending health information and should communicate in ways that anyone can understand.”



Simplify
communication,
to reduce error

Support patients'
efforts to improve
health

Make health
systems,
environment
easy to navigate





The Progression of HL

Patient

90's to approx. 2010

- Definition focused on patient
- How to identify
- Assessment of approaches in different contexts

HCP

2010 – 2015

- Context as integral variable, HCP skills focus
- Skill requirements
- Implementation/incorporation in practice

Institution

2015 - present

- HCP skills require resources, supports
- Institutional needs/gaps
- Responsibilities/constraints
- Impact/approaches





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AHA SCIENTIFIC STATEMENT

Health Literacy and Cardiovascular Disease: Fundamental Relevance to Primary and Secondary Prevention

A Scientific Statement From the American Heart Association

ABSTRACT: Health literacy is the degree to which individuals are able to access and process basic health information and services and thereby participate in health-related decisions. Limited health literacy is highly prevalent in the United States and is strongly associated with patient morbidity, mortality, healthcare use, and costs. The objectives of this American Heart Association scientific statement are (1) to summarize the relevance of health literacy to cardiovascular health; (2) to present the adverse associations of health literacy with cardiovascular risk factors, conditions, and treatments; (3) to suggest strategies that address barriers imposed by limited health literacy on the management and prevention

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Magnani JW et al. 2018. *Circulation*; 138:e48-e74.
<https://doi.org/10.1161/CIR.0000000000000579>



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Summary: AHA assessment article

- Expresses essential nature of HL for health and outcomes
- Summary of contemporary sciences related to CVD and HL with the goal enhancing knowledge/awareness
 - Addresses how limited HL may contribute to increased risk for a range of CV risk factors and conditions
- Health literate organizations: responsibility belongs to all





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Teach-Back Skill

SPOKEN COMMUNICATION



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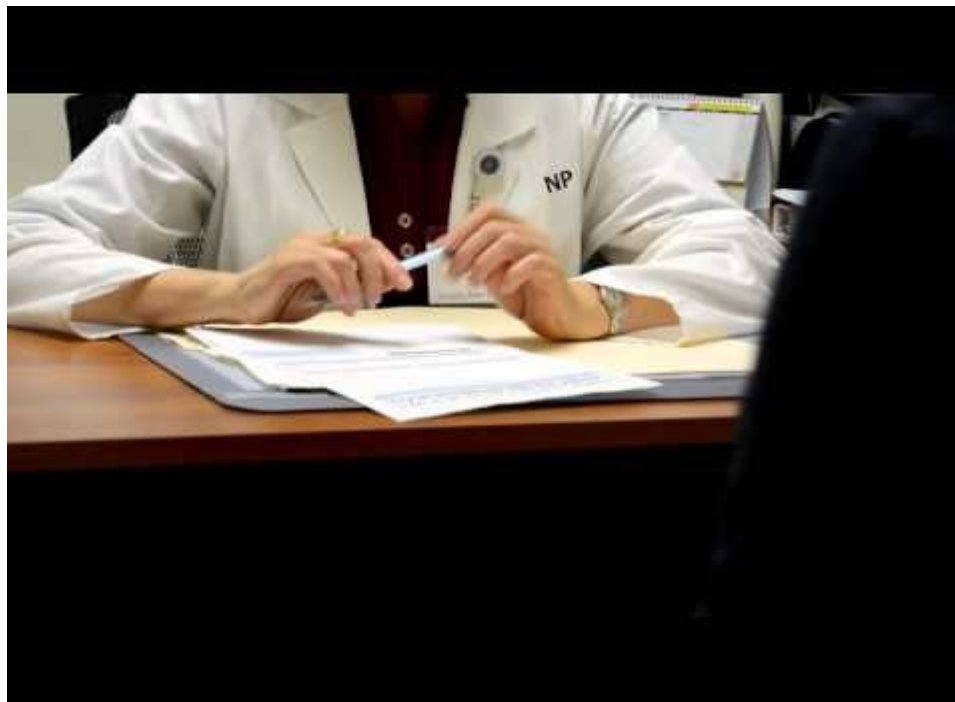
Tips for Talking (Video)

Tips for Talking – by Nova Scotia
Health Authority

YouTube:

https://youtu.be/CpHnIZ_HvcA

Published Oct 2, 2015 2 min 32 sec



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Elements of (Successful) Exchange

**Cultural
Awareness**

**Expect/Engage
Inquiry**

**Plain
Language**

Teach- Back



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Teach-Back

- An approach to patient education that confirms that critical information has been received and understood
- Involves asking the patient/learner to explain back what has been covered using their own words
- NOT a test or quiz
 - Should be understood to be an assessment of the HCP's performance rather than the patient's
- Shown to improve communication and patient health outcomes compared to 'typical' teaching





Teach-Back Framework

- At the end of the meeting/conversation, you should be confident that you have met these 3 objectives (the ‘Safe to Ask’)
 - Does the patient (& caregiver) know the health problem?
 - Does the patient (& caregiver) understand/demonstrate what needs to be done?
 - Does the patient (& caregiver) understand why the care must be done?





Teach-Back Exercise

- In pairs, one person will be the instructor, the other the learner
- Instructor:
 - Review the information on the provided handout
 - Present the information to the learner in simple terms
 - Prompt the learner to repeat back the information in his/her own words
 - Re-review any information that is missed or incorrectly presented by the learner





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Teach-Back Exercise

Teach-Back Exercise (5 minutes)

Work in pairs, with one person designated “**teacher**” and one designated “**learner**”.

For the Teacher:

You are teaching the learner – for the purpose of this exercise, a patient or caregiver – on the **indication, mechanism of action, benefits, and adverse effects** of the medication **ivabradine**.

Review the information below. **Translate the information to patient-friendly language and present it to the “patient/caregiver” using the teach-back method.**

Try to use teach-back in a way that is less likely to be perceived as a “challenge” or “test” by the learner. Be sure to translate information into “patient-friendly” terms.

Ivabradine in Heart Failure

In patients with heart failure with reduced ejection fraction, an elevated resting heart rate is associated with increased hospitalizations and death.

Beta-blockers lower heart rate, but are often poorly tolerated due to fatigue or hypotension. Therefore additional rate slowing effects may be useful in this population. Ivabradine is a rate-slowing agent which causes a dose-dependent reduction in heart rate without causing hypotension or fatigue.

Ivabradine has been shown to reduce hospitalizations and death from heart failure patients with a low ejection fraction and resting heart rate over 70 beats per minute.

Adverse effects of ivabradine include bradycardia, atrial fibrillation, and visual changes including rings/spots of light or excessive brightness on exposure to brighter lighting conditions, and blurred vision.





Discussion

Teacher:

- Did the conversation feel natural?
- Did you “chunk” the information?

Learner:

- Did you feel like you were being quizzed or tested?
- Was repeating back the information helpful for learning?

General:

- How do you see integrating this into practice (barriers, facilitators?)





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Teach-Back



<http://hsl.lib.unc.edu/health-literacy/videos-tutorials/>

Teach back in a cardiology practice. “Daily Weight Monitoring”.

<https://youtu.be/e5jxeZWM3tw>



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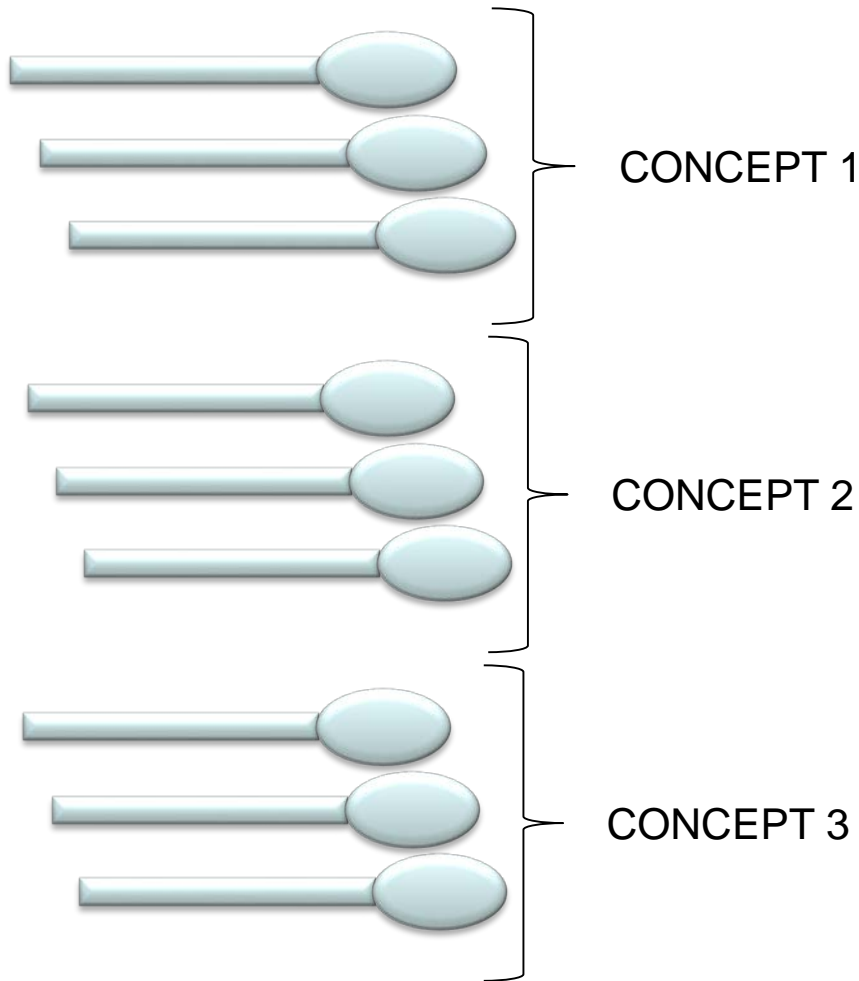
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Making Education Digestible: Chunk and Check



<http://www.healthliteracyplace.org.uk/tools-and-techniques/techniques/chunk-and-check/>

- Break down the information into “spoonfuls”
- In-between each set of spoonfuls, check in with Teach-Back
- Consider using ‘spoken pictures’ that seem to resonate with patients to enhance recall





How to Give Subcutaneous LMWH Injection

Chunk	Check
Why:	Ask the client about his/her understanding of reason for the use of medication. If information previously given by care provider appears incorrect, explain and check knowledge again.





Chunk and Check (Example)

Chunk	Check
<p>What supplies: Show and Tell</p> <p>Medication (it is usually pre mixed in a retractable needle syringe)</p> <p>Alcohol swab</p> <p>Container for disposing syringes with lid</p> <p>Label container BIOHAZARD-SHARPS</p>	<p>Tell me what supplies you will need to give yourself the injection</p>





Chunk and Check (Example)

Chunk	Check
<p>Clean site with alcohol using circular motion starting from the centre out.</p> <p>Allow alcohol to dry (Pause and check)</p> <p>Pull cap off the syringe Hold the needle like a dart. Use other hand and gently grab skin to form a skin fold about an inch (Pause and check)</p>	<p>Show me in your abdomen, how to clean the needle site.</p> <p>After cleaning the site, show me what you will do next</p>





Chunk and Check (Example)

Chunk	Check
<p>Insert needle all the way into the skin fold at a 90-degree angle.</p> <p>While holding the skin, slowly push plunger all the way down</p> <p>Pull the syringe / needle out and let go of the tissue at the same time. Pause and check)</p>	<p>Remembering how I gave your first injection, pretend that you are giving yourself the injection and show me how you will insert the needle and how to take the needle out (may use the used syringe with needle retracted)</p> <p>Repeat procedure if the client is not able to show proper sequence/ method).</p>





Chunk and Check (Example)

Chunk	Check
<p>Discard syringe in the container and close lid. Put container in a safe area away from children until next injection. (Pause and Check)</p>	<p>Ask client what he/ she will do with the used syringe and correct if necessary.</p>
<p>Discard labelled and covered container in the garbage or return to pharmacy</p>	<p>Ask client how and where to discard used syringe container when full or no longer needed.</p>





Chunk and Check (Example)

Chunk	Check
Discuss frequency and duration of treatment (may use calendar-write start date and end date.	Tell me how often you will need to give yourself an injection and for how long

Provide the client with written instruction or education pamphlet used by the institution.

Provide client with phone number to call for any questions regarding the medication and giving self-injection

If available, client can also be provided with other learning materials, however, be careful not to overwhelm your client with information.

Schedule return appointment or phone call to assess client's progress in giving self-injection.





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Looking for Plain Language

WRITTEN COMMUNICATION



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Easy HL for HCP = Well Resourced, Well Organized

- What did you notice about how the HCP in the Cardiology teach-back video used the written material?
- What steps/practices/resources need to be in place to do that as efficiently, easily as in the video?





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10 Attributes of HL Organization

<https://www.ncbi.nlm.nih.gov/books/NBK201212/?otool=icaumlib>

https://nam.edu/wp-content/uploads/2015/06/BPH_Ten_H_Lit_Attributes.pdf



This graphic reflects the views of the authors of the Discussion Paper "Ten Attributes of Health Literate Health Care Organizations" and not necessarily of the authors' organizations or of the IOM. The paper has not been subjected to the review procedures of the IOM and is not a report of the IOM or of the National Research Council.

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Using Learning Styles

“Style is a construct: what the learner brings is as much a part of the context as the features of the experience itself”

- How do you most like to learn? When you need to learn quickly, what preference do you have for how to get information?
- VARK (visual, aural, read/write, kinesthetic)
Questionnaire: <http://vark-learn.com/the-vark-questionnaire/>
- LS make a difference in cardiology ed: Giuse NB et al. J Health Comm, 2012; 17(Suppl3):122-140. DOI: [10.1080/10810730.2012.712610](https://doi.org/10.1080/10810730.2012.712610)





Components of Plain Language

Words

Design

Impact

Format

Accessibility





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Plain Language Infographic

<https://www.decoda.ca/read-all-about-lit/health-literacy-month/attachment/health-literacy-infographic/>

Accessed: April 10, 2019

Three Ps of Health Literacy:

PLAIN, PERSONAL, POSSIBLE



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More Plain Language Considerations

- Materials need to support and reinforce education of HCPs in team
- Accessibility:
 - Materials in translation
 - Accommodation of visual/audio impairment etc.
- Supporting evidence meets critical evaluation: provenance, authority etc.
- Supporting documentation (author, source etc) for update





Evaluating Readability

- Readability: how to produce clear written materials for a range of readers.

<https://www.learningandwork.org.uk/wp-content/uploads/2017/03/Readability.pdf>

- Plain Language Materials & Resources:

<https://www.plainlanguage.gov/>

- Plain Language Medical Dictionary:

<https://www.lib.umich.edu/plain-language-dictionary>





Cardiology Discharge Checklist: Does This Tool Meet the PL Criteria?



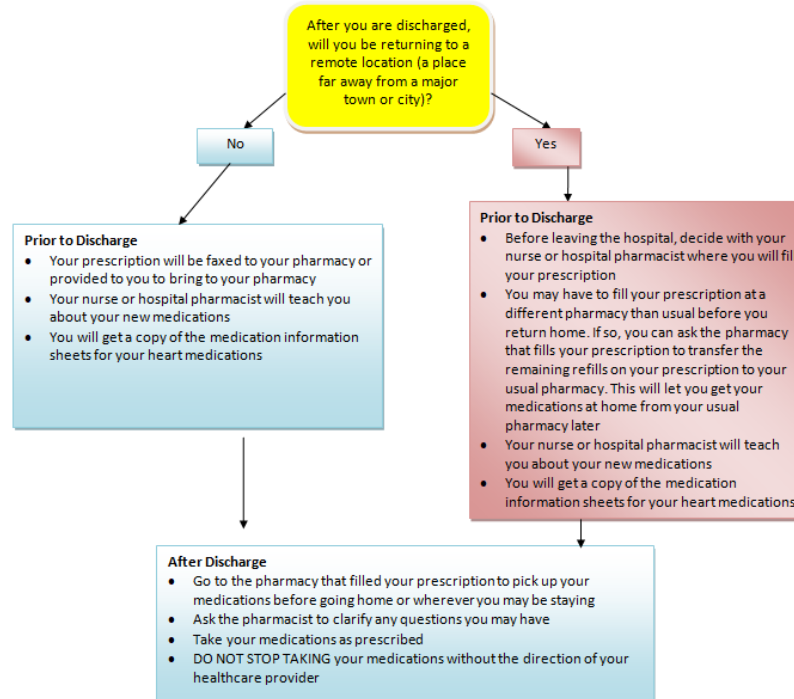
Part B: Cardiology Discharge Checklist for Patients

For patients admitted to Cardiology being discharged from hospital

Why this is important

Many heart medications must be taken without missing any doses. In some cases it may be very dangerous to miss taking a medication for even a day. To make sure you can get your medications right away after leaving the hospital, you need to think about where you can have your prescription filled and how you can get your supply.

The following flowchart will help make sure that you can get your medications right away when you are discharged from hospital:





Does This Tool Meet the PL Criteria? Part 1

~~Part B: Cardiology Discharge Checklist for Patients~~

~~For patients admitted to Cardiology being discharged from hospital~~

Discharge – HCP lingo:
not meaningful to pts
Title – not pertinent to
content
Sentence – audience is
nursing, not patients

Why this is important

Many heart medications must be taken without missing any doses. In some cases it may be very dangerous to miss taking a medication for even a day. To make sure you can get your medications right away after leaving the hospital, you need to think about where you can have your prescription filled and how you can get your supply.

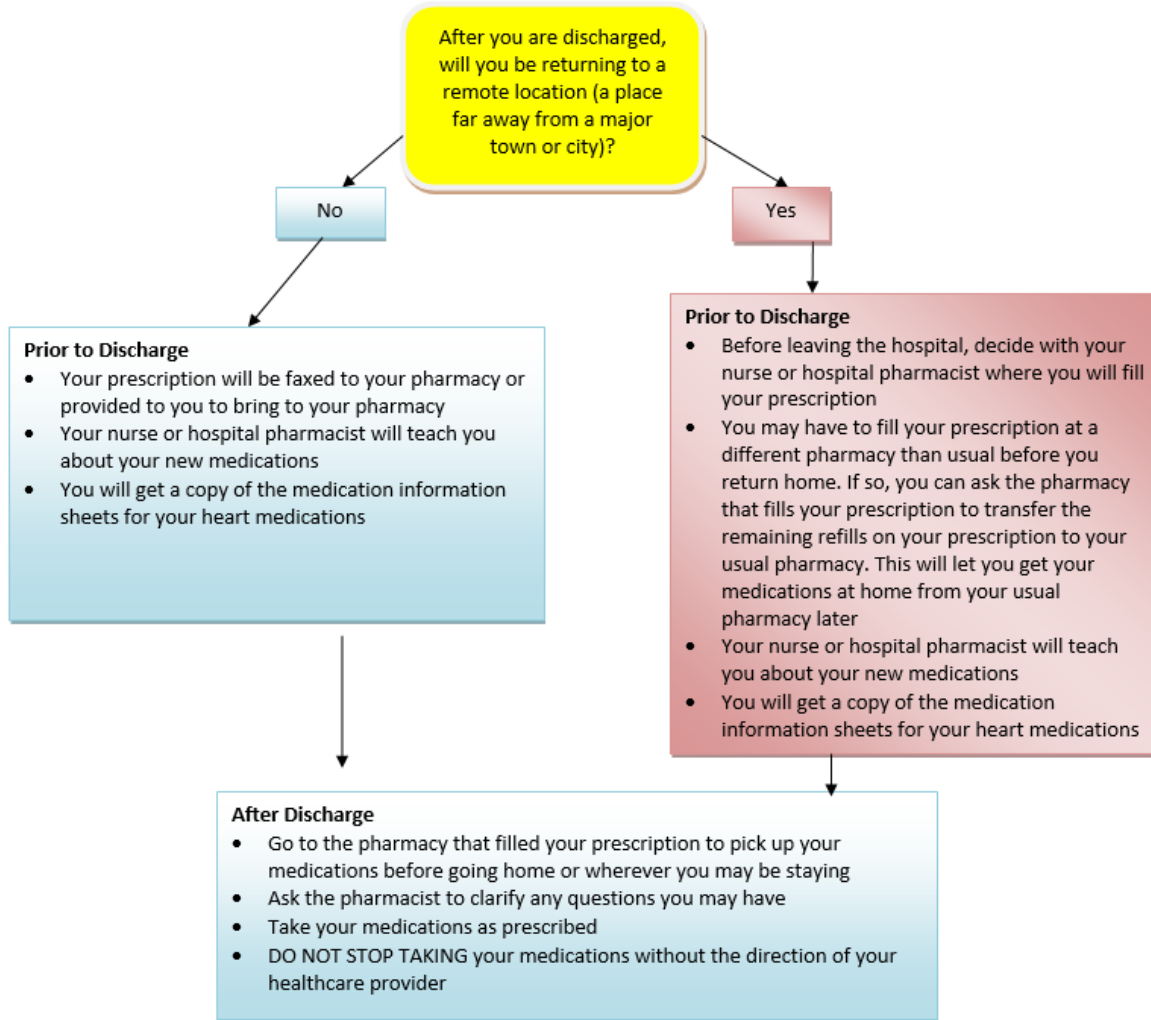
The following flowchart will help make sure that you can get your medications right away when you are discharged from hospital:

Wordy; could be briefer, more concise; some sentence content redundant with leading sentence to flowchart





Does This Tool Meet the PL Criteria? Part 2



- Colour use – ad hoc choice of colour (actually contradicts intuitive colour-association of yes/no)
- Photocopier/printing reproduction is sub-optimal
- Beginning question is too complicated for what is actually being asked (Where do you live?)
- Discharge is lingo
- Wordy
- Too many words with 3 or more syllables





Does This Tool Meet the PL Criteria? Part 3

If returning to a remote area and/or your usual pharmacy is unable to supply your medications immediately:

- Fill at least a one week supply of all discharge medications at a pharmacy able to fill the prescription on the day you are discharged
- If you want, the pharmacy can be asked to transfer the remaining fills on your prescription to your usual pharmacy once the initial supply is filled

Ways to Get Medications Immediately

- Not all community pharmacies have all medications – sometimes you might have to go to a different pharmacy than normal to get all your medications right away
- It can be helpful to have the hospital fax your prescription to your pharmacy before you leave the hospital, so you can be sure that they have all the medications you need
- If your usual pharmacy does not have all of the medications you need right away, you can go to a different pharmacy that does. Your healthcare provider in hospital or the pharmacist at your community pharmacy may be able to help find another pharmacy for you so you can get your medications right away
- You can ask your usual pharmacy to try to get the medications that you need so you can get refills there in the future

- Too many boxes demanding equal attention - distracting
- Information that is providing/addressing immediacy should be given priority of placement (not on second page)
- Redundant - Some of this information is elsewhere
- Wordy
- Too many words with 3 or more syllables





Does This Tool Meet the PL Criteria? Revision Part 1

Planning for Your Heart Medication: Important Information

Heart medications must be taken without missing any doses. If you miss even one day's dose, it may cause dangerous heart problems like a heart attack. You need to plan how to get your heart drugs before you leave hospital so they are ready right after you leave.

Before you leave the hospital

- Your nurse or pharmacist will teach you about your heart drugs
- You will have a list of the heart drugs that you are to take

Steps to Get Heart Drugs Immediately

- Your usual drugstore may not have the drugs you need so you may need to go to another one
- If you don't know what drugstore to use, ask your hospital nurse, doctor, or pharmacist
- For refills, ask your usual drugstore to order them before you need them so they will be ready

Where you live affects how easily you can get your heart medication. Use the graphic below for the steps you may need to take.



Does This Tool Meet the PL Criteria?

Revision Part 2



I LIVE

In a large town or city in Manitoba

Outside of town or city in Manitoba, or in another province



BEFORE I LEAVE

- The hospital will send my drugstore my medication list

- I will decide with my nurse or hospital pharmacist what pharmacy I will use so I can order them
- If my usual pharmacy cannot supply my heart drugs immediately, I will order from another drugstore and get at least 1 week's supply
- If I need to order my heart drugs from a drugstore I don't commonly use, I can ask that drugstore to send my refills for my drugs to my usual drugstore



AFTER I LEAVE

- I pick up my heart drugs I ordered from the drugstore before I go home
- I ask the pharmacist any questions I have about my heart drugs
- I take my heart drugs as prescribed
- I don't stop taking my heart drugs unless I ask my doctor



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We welcome your questions

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