Patient education pamphlets

Medical information
“Simply Put”
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Why are health care settings unique for health education?

- **First**: improved health is the primary objective of activities in this setting

- **Second**: health care providers are considered credible sources of health information
Usually patient education materials are designed to:

- Inform and educate: translating appropriate scientific knowledge into lay terms
- Assist patients: solve problems, cope, modify health related risks and behaviors, comply to recommendations of health providers

*Both can be relevant to a wide range of patient education needs which include: increasing awareness, changing attitudes and beliefs, motivating and supporting behavior change efforts etc.*
How can educational material stimulate the reader?
For patient education materials to stimulate changes in knowledge, attitudes or behavior patients must: pay attention to material & understand content

( materials don’t work on their own)
What are the limitation (s) of educational leaflets?
Limitations of print materials:

One size fits all, created for the general population (don’t consider specific characteristics of patients)
Patients ability to read and understand written information is influenced by both content and design; must consider literacy of clients and readability of content
How to write patient materials

- **Step 1**: Define the target audience: age, education, beliefs (of typical family & patient), what are some of their questions/fears

- **Step 2**: define objectives for the material (knowledge, attitudes and behaviors)

  “patient will recognize 3 warning signs of infections from a post surgical incision”

- **Step 3**: write an Outline (prepare and organize your information)
- **Step 4:** write a draft

*Message Content*

- Include date: up to date information
- relevance
- Culture, gender & age appropriate
- Limit content “to need to know”; skip details “nice to know” (*if writing about lyme disease no need to tell about when and how lyme disease was discovered*)
- Repeat and summarize main points
- Use concrete examples (*instead* of “dirt and other debris contaminate food”; *write* “cover food in the kitchen”)
Cont’d

- Be positive; tell readers what they **should do** (not what they should **not do**)
- Tell readers what they gain/ benefit from material
- Avoid symbols: dirt + food =
- Avoid statistics: use most, many
- Keep writing simple and direct (short sentences/ paragraphs, define technical words)
- Make text interactive: use you/ your; questions/ answers
Step 5: design/ visual appearance

- Font: between 12-14
- Bold letters/ bullets
- Leave lots of white space
- Illustrations (simple line drawings)
  - No diagrams/ tables/ graphs
  - Relevant
  - Familiar and easily recognized
  - Action graphics/ show desired behavior
Tips on translation:

- Avoid literal translation
- Use back translation
- Make sure it's relevant/ culturally appropriate/ affordable/possible
- Field test
Step 6: field test;
- feedback from target group
- Other health care providers

Step 7: edit and revise
Step 8: Arrange for printing/distribution
Step 9: evaluate (how?/?)

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Critique the pamphlet you have by considering the following:

- Who is the audience, Characteristics
- What is/are the objectives
- Layout: spacing, font
- Visuals:
- Content
  - Organization
  - Clarity: words used, length/number of messages, tone
  - amount of information
  - is it culturally appropriate
What to you think?

- Is placement of educational materials in waiting rooms an effective form of patient education?
- Is this passive mean of education replacing a more active approach (clinician-initiated)?
- Are clinicians assuming that patients are obtaining information in the waiting room and thus are not providing them with information?
The combination of these factors:

people who are more “than usual” receptive to health information (patients) interacting with professionals who are trusted (health providers) creates an environment conducive to effective patient education