

# Plain Language Makes Plain Sense

## A Communication Skills Workshop

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# Workshop Objectives

- Define Health Literacy
- Why is Health Literacy Important?
- Look at Literacy and Cognition
- Examine Plain Language
- How to Write Plain and Simple Materials





# What is Health Literacy?

# Did you know?

Which of these tells us more about a person's health?

- Age
- Income
- Literacy Skills
- Education Level
- Ethnic Group
- Average beer intake on the weekend



# What *is* health literacy?

“Health Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment.” - *Healthy People 2020*

Health literacy is a shared issue.



# An Alien World...

“For most people, medicine is a foreign country, with its own language, customs, and mores. My patients are immigrants to this country, and many feel very disoriented. My job, as their doctor is to translate this alien world for them, to help them acclimatize and hopefully thrive.”

– Danielle Ofri, M.D., Ph.D.



# Health Literacy: True or False?

- People will tell you if they have trouble reading.
- Most people with limited literacy have low IQs.
- The number of years of school tells you how well a person can read.



# The Facts

Most health information is written at the 10<sup>th</sup> grade level or higher, **but...**

- The average person in the U.S. reads at an 8<sup>th</sup> grade level; 20% read at the 5<sup>th</sup> grade level or below.
- 40% of seniors read at or below the 5<sup>th</sup> grade level.
- 50% of African-Americans and Hispanics read at or below the 5<sup>th</sup> grade reading level.

"Health Literacy Statistics At-A-Glance." National Patient Safety Foundation *Teaching Patients with Low Literacy Skills: 2<sup>nd</sup> Edition*. Doak, Doak, & Root, 1996.





# Why is Health Literacy Important?

# Health Problems of Low Health Literacy

In peer reviewed research, low health literacy has been linked to:

- Less ability to understand labels and health messages
- Less ability to follow medicine instructions
- Lower ability to access/get health care
- More use of the hospital
- Greater use of emergency services
- Poor overall health
- Higher death rates in older people
- Shorter life span
- Worse physical and mental health



# What is it like to be a patient with low health literacy?



Terry Davis, PhD

Credit to American College of Physicians Foundation

# Preventable Readmissions



75% of readmissions can be **prevented**. – CMS

75% of readmissions that can be prevented happen from poor communication.

– The Joint Commission

# Costs of Low Health Literacy



*Low health literacy costs...*

- **\$7,500** more per year/person
- **\$238 billion** every year in the U.S.

Vernon, John A., PhD. "Low Health Literacy: Implications for National Health Policy." October, 2007.



# Literacy and Cognition

## (How we understand things)



# How does low health literacy feel?

First, ward the deriuqer rebmun of stinu of ria into the egnirys by gnillup the regnulp back. Syawla measure erusaem from the top of the regnulp. Tresni the eldeen into the rebbur reppots of the nilusni elttob. Hsup the regnulp nwod and evael the eldeen in the elttob. Nurt the elttob and egnirys nwod-edispu and llup kcab on the regnulp. Kcehc the egnirys for ria selbbub. To evomer ria selbbub, tap the egnirys. Evomer the eldeen from the nilusni elttob. Ylluferac ecalper the pac on the eldeen.

# Differences in Low or High Literacy Readers



## **Low Literate**

**Read Slowly**

**Sound Out Words**

**Read Word for Word**

**Have Difficulty Making Meaning**

## **High Literate**

**Read Quickly**

**Read Words and  
Sentences with ease**

**Read for Meaning**

# Finding People with Low Health Literacy

- **Make simple communication the standard**

**= Universal Precautions**



- Notice warning signs of low health literacy:
  - Behaviors
  - Responses to written information
  - Responses to questions about healthy behaviors



# Plain Language

# So Many Words!

The pre-adolescent human situated her corporeal mass upon the structure intended for respite. She was ingesting a combination of high-fat solids and exudates derived from a common bovine excretion.

An arachnid perambulated into her propinquity and lowered its corporeal mass in juxtaposition to hers.

Her trepidation precipitated a phobic response which impelled her to alter her spatial coordinates at a rapid velocity.

# Living Room Language!

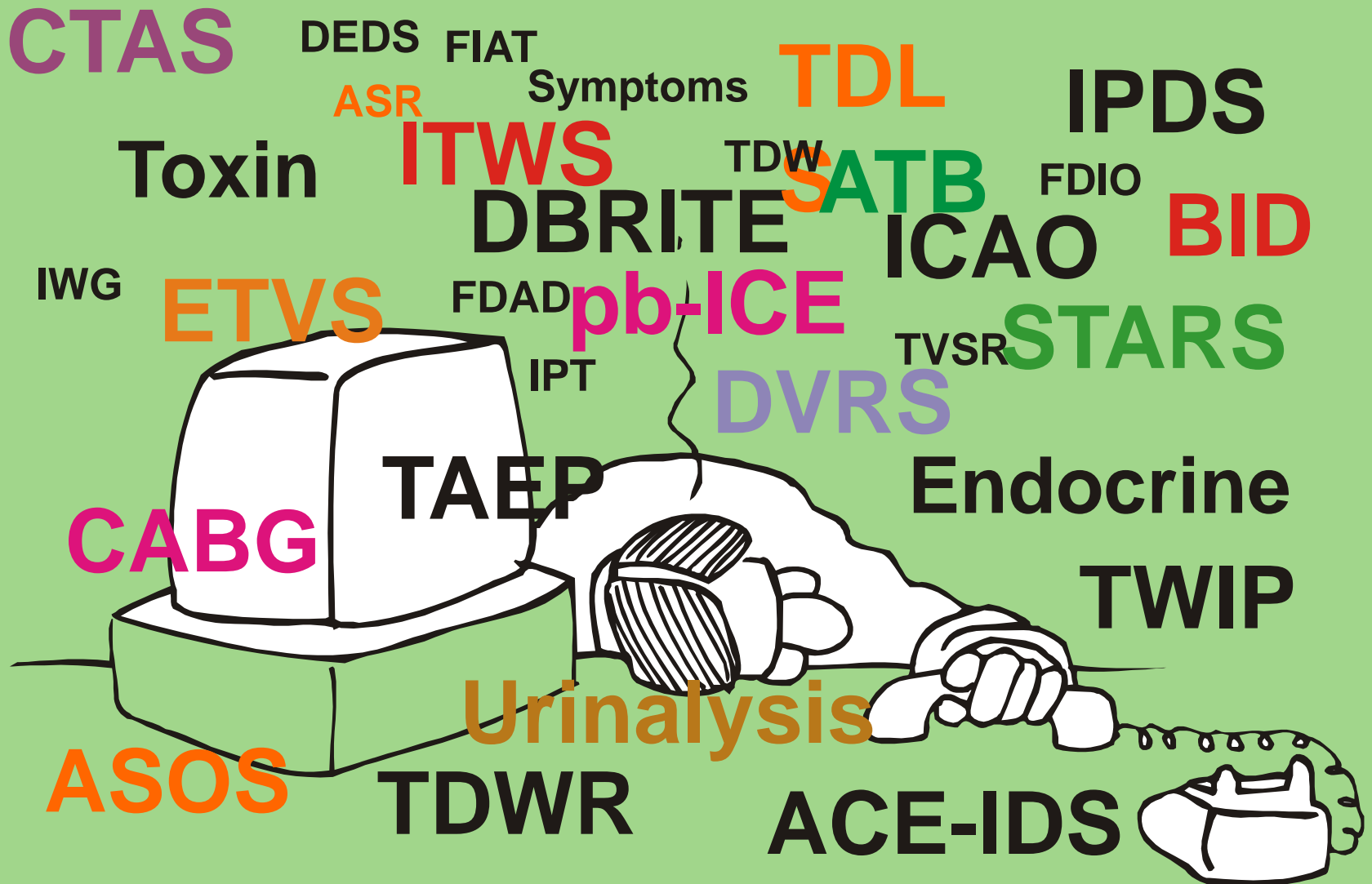


Little Miss Muffet  
Sat on a tuffet,  
Eating her curds and whey;  
Along came a spider,  
Who sat down beside her,  
And frightened Miss Muffet away.





# Jargon and Acronyms



# Jargon and Medical Words

My Dentist told me I need a crown...

I was like, I know right???



# What is Plain Language?



Communication that people can understand the **first time** they hear or read.

# Plain Language

Medical Term	Plain Language
Benign	Not cancer
Daily	Every day
Negative Test	Normal (That is good!)
Prevention	Stopping from happening
Hypertension	High blood pressure
Oral Medication	Pills, medicine you take by mouth
Glucose	Blood sugar

# Why Use Plain Language?

- Shows people focus
- Gives easy information
- Helps people get health care
- Reduces time spent explaining
- Helps people follow directions
- Reduces phone calls



# Focus Outward... On the Person

☹ **NOT...**

What do **I** want to say?

How can **I** meet my needs?

How can I look important?

☺ **BUT...**

What does **the person**  
need to know?

How can **I meet the**  
**people's** needs?

How can I **clearly talk**  
to the **person**?



# Key Messages – Exact Actions

## ☹ NOT...

Following safety precautions can prevent foodborne illness.

## ☺ BUT...

Follow these rules to avoid getting sick from food:

- Cook meat until it is not pink in the middle.
- Wash your hands after touching raw meat.
- Wash fresh fruits and vegetables before eating them.
- Keep hot food hot and cold food cold.

# Key Messages – Positive and Simple

## ☹ NOT...

Do not ride your bicycle without wearing a helmet.

Do not expose yourself to chemicals that could cause adverse health issues.

## ☺ BUT...

Wear your helmet every time you ride your bicycle.

Stay healthy by staying away from chemicals.

# Key Messages

- Most Important Messages First
- Limit Number of Messages (No more than 3-7 bullets)
- Keep it Short and Positive (Like talking to friend)
- Clearly State What's Needed
- Tell them What They'll Get



# Materials Matter (Facts and Friendly)

1. Know Your Audience (Habits, Likes and Health)
2. Know other Key Facts (gender, race/ethnicity, location, beliefs, needs, behaviors, culture, literacy skills, and current knowledge about identified topic)
3. Determine Best Way(s) to Communicate (print, audio, video, web, mobile...)
4. Give Key Points with Actionable Steps

# Materials Matter (Facts and Friendly)

5. Test Draft with Audience
6. Change from the Suggestions
7. Decide how to Distribute (mail, brochure, display, web page, app...)
8. Find out if Helpful, Understood and Actionable?



# Plain and Simple Materials



# Lower Health Literacy Demand Materials

- Person-friendly, easy to read design
- Plain language
- One or two syllable words, short sentences
- Short paragraphs
- Bullet points to present information in “bite-sized nuggets”
- Content limited to one or two key objectives
- White space

# Lower Health Literacy Demand Materials

- Stick with one font. Serif font, size 11 – 13
- Avoid using all CAPS. Use upper and lower case letters. All CAPS are hard to read.
- Limit the use of italics. These are hard to read.
- Limit total text. Too much makes busy.
- Limit use of light letters on dark background.
- Use dark letters on light background.

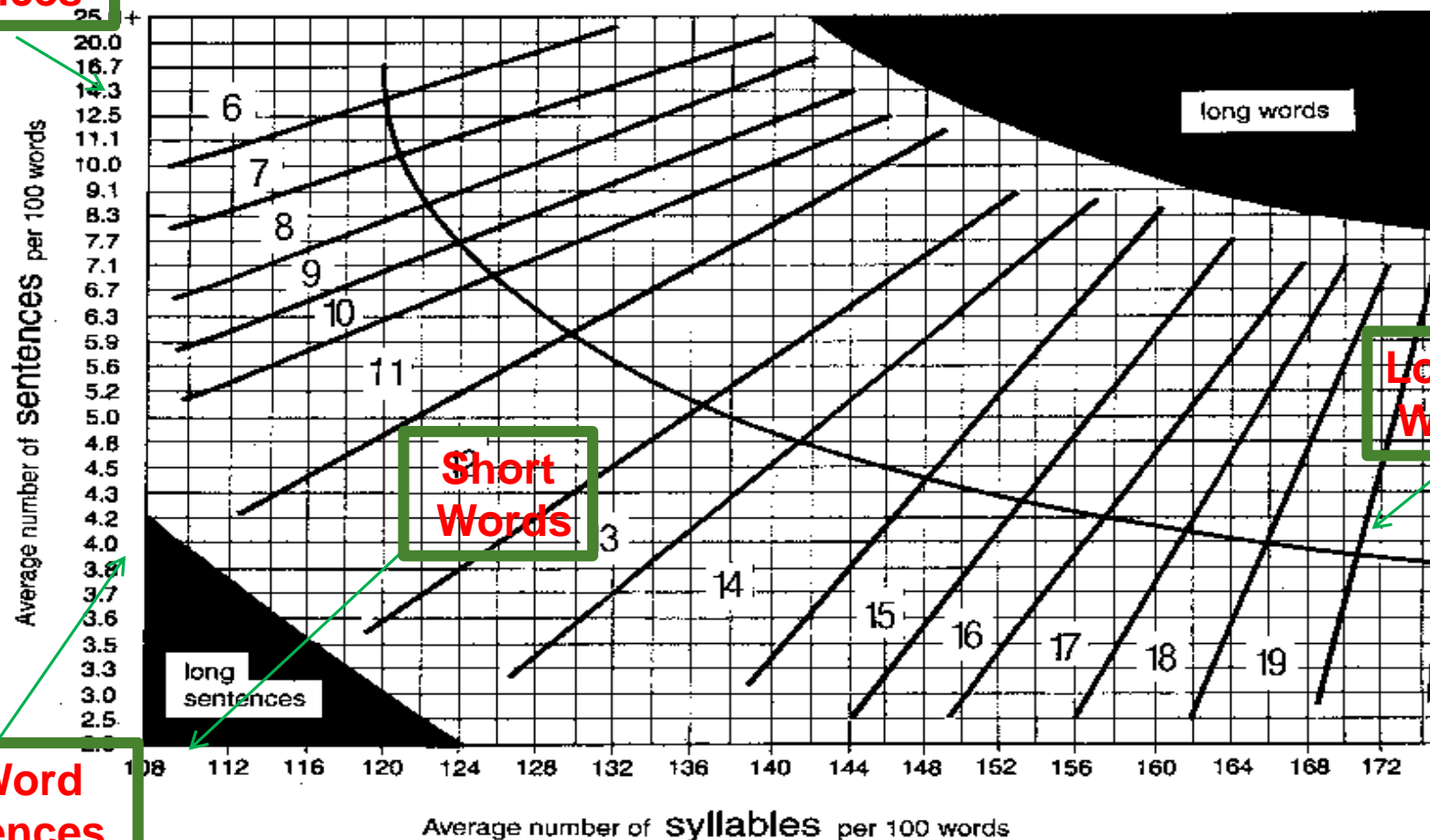
# NIH, CDC and APHSA

- Use Words for Audience; Test with People
- Use Titles, Tables and Graphs
- Positive, Friendly Tone
- Short Sentences; Clear and Concise
- Common Words; Concrete vs. Abstract
- Well Organized
- Personal Stories, Quotations or Dialogue

# Readability Scores

4-Word  
Sentences

Fry Graph for estimating Reading Ages (in years)



Longer  
Words

25-Word  
Sentences

# Audience

1143

**Y**our 18 month old toddler has been walking for some time now, and is getting better at it every day. In this newsletter, your child is referred to as a boy (he/him) and your family doctor, pediatrician, nurse practitioner, or clinic is referred to as your health care provider. Good luck in the future and happy parenting! This is the fifth and final Baby Your Baby newsletter covering your baby's first two years.

SCHEDULE WELL CHILD CARE VISITS AT 18 MONTHS AND 24 MONTHS OF AGE.

## Your Developing Child

### GENERAL DEVELOPMENT

The 18 to 24 month old's growth is continuing at a slower pace than before. He will have about 16 teeth including his first molars. He should be sleeping 10-12 hours a night and taking a nap during the day.

### DEVELOPMENT OF LARGE MUSCLES

By now your toddler has learned how to run. He may need to stop before he can change directions. He is learning how to walk up and down stairs (but not yet alternating feet). He can throw a ball, seat himself in a child's chair, and climb everything — keep a close watch.

### DEVELOPMENT OF SMALL MUSCLES

This is a time for your child to refine new skills. His scribbling will mature into lines and attempts at circles. He will build toy block towers easily and can operate some of his toys without your help.

### DEVELOPMENT OF SELF HELP SKILLS

Your toddler is a busy person. He has little interest in food and will gradually improve cup and spoon use so he spills less. His rate of growth has slowed greatly and he may eat well at only one meal each day. Don't worry about his changing attitude toward food. Dressing may be an area of interest to him now and he will take off some simple clothes by himself. With some help from you, he may be able to take his

# BABY YOUR BABY

FROM 18 TO 24 MONTHS

## Temper, Temper!

Those sweet babies turn into independent-minded toddlers. Still lovable, still appealing, and very busy. The "terrible twos" might better be called the "testing twos." Your toddler is learning a lot — about his body's abilities, expressing his ideas and controlling his impulses, and what other people expect of him. He learns by testing and trying out, exploring and experimenting. In the process, some unhappy experiences are bound to occur, and failure and frustration and limited language

lead to temper tantrums!

Children are quick to discover, however, that tantrums can be used to manipulate parents into giving in to unreasonable demands. Be understanding of your child's unhappiness, but don't be a pushover!

Remember the following:

- **A tired, overwhelmed or over-stimulated child is "set up" for tantrums.** Avoid situations that stress your toddler when he is tired. Schedule shopping trips when he is rested, and leave before things get out of hand.

- **Predictable routines for daily activities are important to small children.** Establish as consistent a schedule as possible for meals, naps, bedtime, bathtime and playtime. Toys, furniture and play areas should be safe and allow the child to move, explore and make a mess. Children of this age are seldom able to play together or to share toys peacefully.

- **A toddler is always testing the limits because learning what's expected takes time and practice.** You can help by setting clear, consistent limits and reinforcing them courteously but firmly. Teach what is

shoes off if they're untied.

### DEVELOPMENT OF SOCIAL SKILLS

Your toddler is becoming an individual with a unique personality and strong likes and dislikes. You can expect more negative behavior from your 18 to 24 month old. He may now resist foods and activities he once enjoyed. Giving him a choice between the red cup or the blue one, or the dog book or the tree book, will help him to feel some control over his world. However, don't give him a choice, if it is something he must do. For example, don't ask him if he wants to go to bed; tell him it is time for him to go to bed. He is impulsive and very curious, but will try to understand your explanations if you keep them very simple and short. For more information on child development and parenting, contact Parents as Teachers by calling your local school district or visiting the website at [www.patnc.org](http://www.patnc.org). You may also contact ParentLink at 1-800-552-8522.



Call 1-800 TEL-LINK (1-800-835-5465) for more information on Baby Your Baby.

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# BABY YOUR BABY

From 18 to 24 Months



Your toddler is growing up so fast! This is your final Baby Your Baby pamphlet. Happy parenting!

## General Growth

At 18-24 months, toddlers' growth slows down. He will have about 16 teeth, which includes molars. He should be sleeping 10-12 hours a night and napping during the day.



Here are a few things your toddler can do:

### Large Muscle Growth

- Run, but may need to stop before changing course
- Walk up and down stairs (but not yet switching feet)
- Throw a ball
- Seat himself in a child's chair
- Climb everything—keep a close watch!



### Small Muscle Growth

- Scribbling is turning into lines and attempts at circles
- Build toy blocks easily
- Manage some toys without your help

## Self Help Skills

Your toddler is a busy person! He has little interest in food—don't worry about changing his attitude toward food.



His growth has really slowed down, so he may eat well at only one meal each day. He is getting better at using a cup and spoon, so he'll soon spill less.

He may be interested in dressing himself, and he will take off some simple clothes by himself. With a little help from you, he may be able to take his shoes off if they're untied.

## Social Skills

Your toddler is becoming his own person with a unique personality. He has strong likes and dislikes. You can expect more negative conduct. He may resist foods and play that he once enjoyed.

### Q: When should we see the doctor?

A: You and your baby should visit your doctor at 18 months and at 24 months



## Good Use of Headings

## Graphics

## Too Much Text

## Anatomically Placed Graphics

## Simple



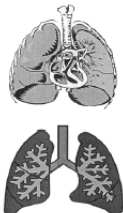
### Asthma Education

#### What is asthma?

Asthma is an illness in which the airways of the lungs are swollen and irritated. People with asthma have lungs that are extra sensitive and overreact to certain things. Asthma causes people to cough, wheeze and have trouble breathing. Asthma attacks can be mild, moderate or severe and can occur at any time.

Asthma should not stop your child from doing things most other children do. Regular visits to your child's doctor and learning what you can do to help your child's asthma can lead to fewer and milder asthma attacks and a normal life. Your child should be able to play any sport or participate in any activity, attend school every day and sleep through the night without coughing. Some children miss school, go to the hospital, or even die because their asthma is not controlled. Remember, your child's asthma can be controlled, don't let asthma control your child!

#### Your normal lungs



Lungs are made up of bronchial tubes (air tubes) and bronchioles (smaller air tubes). These tubes branch off like branches on a tree. Lungs look like an upside down tree. When you take a breath, air goes in through the nose and mouth and into the trachea (windpipe). Air then flows through the bronchial tubes.

At the end of these bronchial tubes are alveoli (air sacs) where air exchange takes place. It is here that oxygen leaves the air sacs and enters tiny blood vessels that surround the air sacs. The blood then takes the oxygen to the rest of the body's tissue including the heart and brain. At the same time that oxygen is going into the blood, carbon dioxide is leaving the blood and going into the air sacs. When a person exhales (breathes out), the carbon dioxide is removed from the body.

Cardinal Glennon Family Education Series  
Revised 7/9/07

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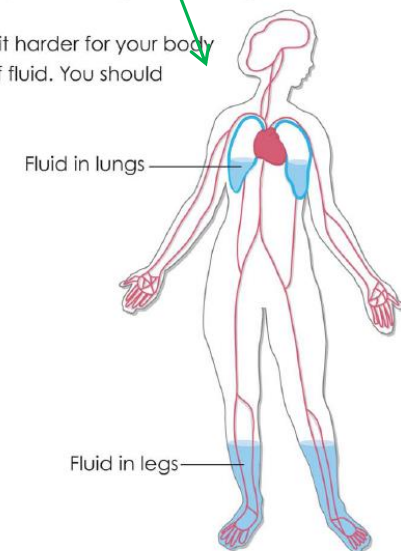
### Congestive Heart Failure

With congestive heart failure, the heart cannot pump the blood well. As a result, blood doesn't flow well.

Fluid leaks out of your blood vessels and backs up in the lungs and the legs.



Salt makes it harder for your body to get rid of fluid. You should avoid salt.



## Text and Visual Appeal

## Good Use of Question Headings

Not enough  
white  
space...  
Too much  
text



### What is involved in getting tested?

Health care providers may use one of two approaches\* to test for gestational diabetes:

- **One-step approach.** After fasting (not eating or drinking anything except water) for 4 to 8 hours, a woman's blood sugar level is measured before and 2 hours after she drinks a certain amount of a sugar drink. This type of test is called an oral glucose tolerance test.
- **Two-step approach.** A health care provider measures the blood sugar of a woman 1 hour after she drinks a certain amount of a sugar drink. Women whose blood sugar level is normal after 1 hour probably do not have gestational diabetes; those whose blood sugar level is high after 1 hour then get an oral glucose tolerance test to see if they have gestational diabetes.

### Why do some women get gestational diabetes?

Usually, the body breaks down much of the food you eat into a type of sugar, called glucose. Because glucose moves from the stomach into the blood, some people use the term blood sugar, instead of glucose. Your body makes a hormone called insulin that moves glucose out of the blood and into the cells of the body. In women with gestational diabetes, the glucose can't get into the cells, so the amount of glucose in the blood gets higher and higher. This is called high blood sugar or diabetes.



### What should I do if I have gestational diabetes?

If your health care provider tells you that you have gestational diabetes, you will need to follow a treatment plan to keep the condition under control. Most treatment plans include knowing your blood sugar level, eating a healthy diet, and getting regular physical activity. Some women also take insulin as part of their treatment plan.

More and more women with gestational diabetes have healthy pregnancies and healthy babies because they follow their treatment plan and control their blood sugar.

### Managing Gestational Diabetes: A Patient's Guide to a Healthy Pregnancy.

A booklet from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), describes general ways to stay healthy with gestational diabetes. The booklet explains what causes gestational diabetes, what having it means for you and your baby, and what you can do if you have it; the booklet also gives contact information for groups that can help you if you find out you have it.



To get your free copy of this booklet, or for more information about NICHD research topics, contact the **NICHD Information Resource Center** at:

**Phone:** 1-800-370-2943 (TTY: 1-888-320-6942)  
**Fax:** 1-866-760-5947  
**Mail:** P.O. Box 3006, Rockville, MD 20847  
**E-mail:** [NICHDInformationResourceCenter@mail.nih.gov](mailto:NICHDInformationResourceCenter@mail.nih.gov)  
**Internet:** <http://www.nichd.nih.gov>

\* American Diabetes Association. (2004). Position statement: Gestational Diabetes Mellitus. Diabetes Care, 27(Suppl. 1): S88-S90.

**NICHD**  
 Eunice Kennedy Shriver  
 National Institute of Child Health  
 & Human Development

NIH Pub. No. 00-4818  
 Updated June 2006

### Am I at risk for gestational diabetes?



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 NATIONAL INSTITUTE OF HEALTH  
 Eunice Kennedy Shriver National Institute of Child Health and Human Development

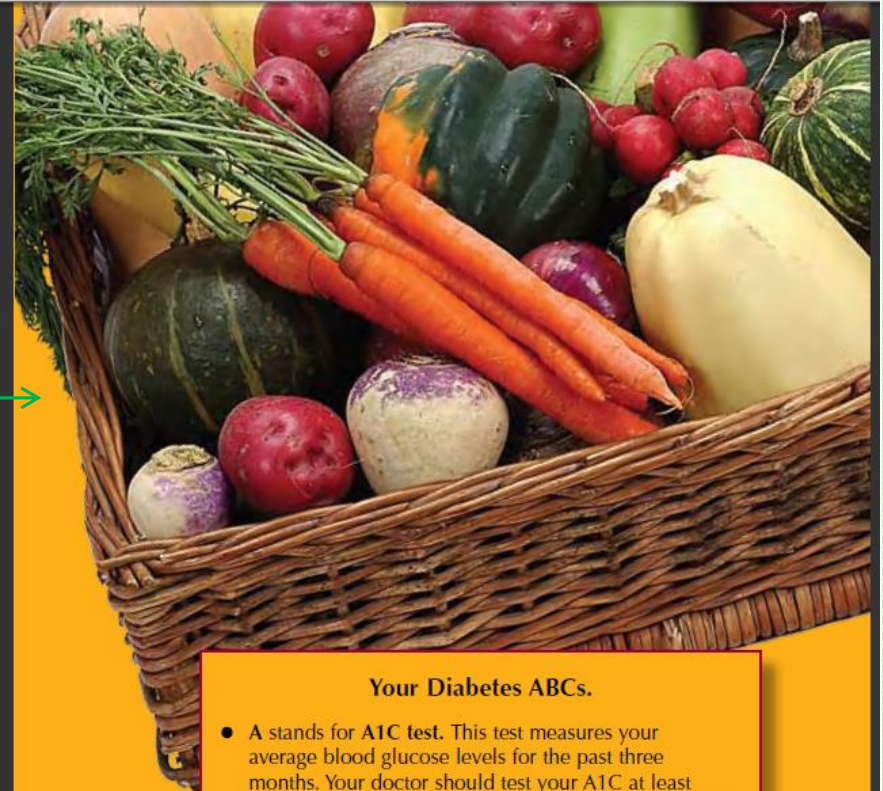


# Pictures

Visuals

Bullet Points

Clear and  
Concise



## Your Diabetes ABCs.

- **A** stands for **A1C test**. This test measures your average blood glucose levels for the past three months. Your doctor should test your A1C at least twice a year. For most people with diabetes, the goal is to have an A1C "score" of less than 7.
- **B** stands for **blood pressure**, a measurement of how hard your heart needs to work to keep your blood circulating. For most people with diabetes, the goal is to keep blood pressure below 130/80.
- **C** stands for **cholesterol**, a fat found in your blood. There are two kinds of cholesterol: LDL, or "bad" cholesterol, and HDL, or "good" cholesterol. For most people with diabetes, the goal is to keep:
  - LDL cholesterol below 100.
  - HDL cholesterol above 40 (HDL for men > 40 and for women > 50).

Ask your doctor what you can do to reach your targets for A1C, blood pressure, and cholesterol.

## Fonts

Headings or  
Titles  
Chunked and  
Bulleted

Serif 11-13  
Use plain text;  
Avoid **All**  
**bold**, **ALLS**  
**CAPS** and *All*  
*italics*

### Free Information

If you are worried about Alzheimer's disease (AD) you can contact the NIA-funded Alzheimer's Disease Education and Referral Center (ADEAR)—a comprehensive source of information about AD. ADEAR staff can:

- Answer specific questions about AD.
- Send free publications.
- Refer callers to local resources.
- Provide information about clinical trials.
- Conduct literature database searches.

Call toll-free 1-800-438-4380 or visit the ADEAR website at [www.nia.nih.gov/Alzheimers](http://www.nia.nih.gov/Alzheimers).

trouble sleeping, or little interest in life. These could be signs of depression, which is a medical condition.

Depression may be common, especially when people experience losses, but it is also treatable. It should not be considered "normal" at any age. Let your doctor know about your feelings and ask about treatment.

**HIV/AIDS** — The death of a spouse, divorce, or separation can lead some older people to find themselves dating again and possibly having sex with a new partner. It's a good idea to talk to your doctor about how safe sex can reduce your risk of sexually transmitted diseases such as HIV/AIDS. It's important to practice safe sex, no matter what your age.

**Incontinence** — Older people sometimes have problems controlling their bladder. This is called urinary incontinence and it can often be treated. Depending on the type of incontinence you have, the doctor may recommend exercises, suggest helpful ways to change your habits, prescribe useful medications, or advise surgery. If you have trouble controlling your bladder or bowels, it is important to let the doctor know. To bring up the topic, you could say something like: "*Since my last visit there have been several times that I couldn't control my bladder.*"

**Memory problems** — Many older people worry about their ability to think and remember. For most older adults, thinking and memory remain relatively intact in later years. However, if you or your family notice that you are having problems remembering recent events or thinking clearly, let your doctor know. Be specific about the changes you've noticed; for example, you could say: "*I've always been able to balance my checkbook without any problems, but lately I'm very confused.*" Your doctor will probably want you to have a thorough checkup to see what might be causing your symptoms. In many cases, memory problems are caused by conditions such as depression or infection, or they may be a side effect of medication. Sometimes, the problem is Alzheimer's disease (AD). With a careful history, physical exam,

# Make it look easy

## Good Use of Tables

### Important info first

1465 South Grand Boulevard • St. Louis, Missouri 63104-1095

PATIENT LABEL

### ASTHMA HOME MANAGEMENT PLAN OF CARE DOCUMENT

Height: \_\_\_\_\_

Age: \_\_\_\_\_

**Controller Medicine:**

(Must include name of drug, dose, frequency, and method of administration)

Please note if no controller was ordered.

**Reliever Medicine:**

(Must include name of drug, dose, frequency, and method of administration)

**Device Training:**

**Follow Up Appointment:**

Doctor or Department: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Follow up appointment must be given prior to discharge)

**Teaching completed by:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient/Caregiver given copy of home management plan and Get Smart About Asthma Booklet: \_\_\_\_\_ (parent signature)

Duplicate care plan placed in chart: \_\_\_\_\_ (initial)

Green Zone (ALL CLEAR)

80% - 100% of Peak Flow

- No symptoms of asthma
- Able to do usual activities
- Can sleep/feed without trouble

**What to do:**

- Stay on Controller Medicine

Yellow Zone (CAUTION)

50% - 80% of Peak Flow

Symptoms consist of:

- Increased cough
- Increased breathing rate
- Wheezing
- Unable to sleep at night
- Cold symptoms
- Poor sucking or feeding
- Speaks in partial sentences

**What to do:**

- Take Reliever Medicine every 20 minutes for 3 doses. If not feeling better, call your private doctor or asthma doctor. Continue Reliever Medicine every 4 hours for 24 hours.
- Rest
- Avoid triggers and allergens such as: cigarette smoke, dust, heavy perfumes/odors

Red Zone (EMERGENCY)

Less than 50% of Peak Flow

Includes symptoms in yellow zone and also:

- Wheeze, cough or chest tightness at rest
- Shortness of breath
- Neck and chest pulled or sucked in with each breath
- Speaks in single words or phrases
- Unable to play or do usual activities
- Stops sucking or feeding

**What to do:**

- Take Reliever Medicine every 20 minutes for 3 doses
- CALL private doctor or asthma doctor immediately

**\*\*\*Go to hospital or call 911 if: your child's lips/fingernails are blue, or your child is struggling to breathe, or if you have any concerns with your child's breathing\*\*\***

Asthma Center: (314) 268-6450

Allergy Office: (314) 268-4014

Pulmonary Office: (314) 268-6439

University Pediatrics: (314) 268-4070

**For Evenings or Weekends: (314) 577-5600, ask operator to page the physician on call.**



# Using Pronouns

## Pronouns:

- Speak directly to readers
- Make your writing relevant to readers
- Require less translation from your readers
- Eliminate words

## Effective Use:

- Use “**we**” to refer to your agency
- Use “**you**” for the reader
- If you are using Q&A format, use “**I**” in the questions and “**you**” in the text



# Use Active not Passive Voice

## ■ *Passive Voice*

Is wordy and confusing:

*The registration must be completed by the applicant and received by the financial office at the time designated by that office.*

## ➤ *Active Voice*

Is concise and clear:

*We must receive your completed registration by the deadline that we gave you.*

# Passive to Active Voice Exercise

- Excess and/or unauthorized expenses, delays, or luxury accommodations and services will not be reimbursed by the company, but will be borne by the employee.
- Your application has been denied by the Department of State.
- The submission you filed will be reviewed by the judges.

# Passive to Active Voice Exercise

- ✓ The company will not reimburse you for:
  - Extra Expenses,
  - Delays, or
  - Luxury Accommodations and Services.
- ✓ The State Department has denied your application.
- ✓ The judges will review your submission.



# Short and Sweet

## Excess words

Some common sources of wordiness

- Passive voice
- Redundancies
- Prepositional phrases
- Hidden verbs
- Unnecessary modifiers
- Failure to use pronouns



## Excess content

Think about your purpose, your topic, and your audience. If content doesn't fit your goals, take it out!

# Let's Practice Both Pronouns & Active Voice

Once the patient's goals are established, one or more potential treatments are identified. A preliminary treatment plan for presentation to the patient is developed.

The proposal is presented to the patient who agrees to consider an individualized treatment plan that meets the needs of the patient and based on their circumstance, insurance and desires.

# With Pronouns and Active Voice...

- Once we decide on your goals, we find one or more possible treatments.
- We write a first draft to send to you.
- You agree on a plan that meets both your own and your medical needs.

# Plain Language...Less Words

Once the patient's goals are established, one or more potential treatments are identified. A preliminary treatment plan for presentation to the patient is developed.

The proposal is presented to the patient who agrees to consider an individualized treatment plan that meets the needs of the patient and based on their circumstance, insurance and desires.

*54 words*

- Once we decide on your goals, we find one or more possible treatments.
- We write a first draft to send to you.
- You agree on a plan that meets both your own and your medical needs.

*39 words*



**Let's Practice**



# Practice Material: Original

## Safe Management of Oral Chemotherapy in the Home

- This medication is considered a chemotherapy medication and may cause harm. People other than the patient must not touch the medication. Medication can be transferred from the bottle, to a medicine cup, and then to the patient's mouth without contacting the skin.
- This medication should be kept in the original container marked with the medication's name and dosage.
- Patients should wash their hands immediately after touching the medication.
- Do not open, crush, break, cut, or chew this medication without talking to an oncology nurse or pharmacist. If the tablet is accidentally damaged, do not inhale the powder. If it comes into contact with your skin, wash right away with soap and water.
- Medication must be disposed of properly. Bring contaminated or unused medication to the clinic for proper disposal.
- Do not share your medication with anyone.
- Take your medication around the same time each day.
- Do not double dose. Take missed doses as soon as possible, but do not take it near the time that your next dose is due.
- Do not change your dose or stop taking this medication without talking with your physician.
- Store medication at room temperature, do not use it after the expiration date on the bottle, and keep it out of reach of children.

### Contact Information

Clinic number and emergency number: \_\_\_\_\_

Pharmacy name and number: \_\_\_\_\_

### Reference:

Moody, M. & Jackowski, J. (2010) Are Patients on Oral Chemotherapy in Your Practice Setting Safe?. Clinical Journal of Oncology Nursing, 14 (3), 339-346.]



# Practice Material: Original

## QUALITY SYSTEMS DENTAL CLINIC

### Treatment Consent Form

Patient Name: Id: DOB: Gender:

Please read the items checked below and read and sign the section at the bottom of form.

#### 1. WORK TO BE DONE

I understand that I am having the following work done:

Fillings	Bridges	Crowns
Extractions	Impacted teeth removed	
General Anesthesia	Root Canals	Other

#### 2. DRUGS AND MEDICATIONS

I understand that antibiotics and analgesics and other medications can cause allergic reactions causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock (severe allergic reaction).

#### 3. CHANGES IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures.

#### 4. REMOVAL OF TEETH

Alternatives to removal have been explained to me (root canal therapy, crowns, and periodontal surgery, etc.) and I authorize the Dentist to remove the following teeth: \_\_\_\_\_ and any others necessary for reasons in paragraph #3. I understand removing teeth does not always remove the infection, if present, and it may be necessary to have further treatment. I understand the risks involved in having teeth removed, some of which are pain, swelling, spread of infection, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (Paresthesia) that can last for an indefinite period of time (days or months) or fractured jaw. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment.

#### 5. CROWN, BRIDGES AND CAPS

I understand that sometimes it is not possible to match the color of natural teeth exactly with artificial teeth. I further understand that I may be wearing temporary crowns, which may come off easily and that I must be careful to ensure that they are kept on until the permanent crowns are delivered. I realize the final opportunity to make changes in my new crown, bridge, or cap (including shape, fit, size, and color) will be before cementation.

|

#### 6. DENTURES, COMPLETE OR PARTIAL

I realize that full or partial dentures are artificial, constructed of plastic, metal, and/or porcelain. The problems of wearing these appliances have been explained to me, including looseness, soreness, and possible breakage. I realize the final opportunity to make changes in my new dentures (including shape, fit, size, placement, and color) will be the "teeth in wax" try-in visit. I understand that most dentures require relining approximately three to twelve months after initial placement.

#### 7. ENDOODONTIC TREATMENT (ROOT CANAL)

I realize there is no guarantee that root canal treatment will save my tooth, and that complications can occur from the treatment, and that occasionally metal objects are cemented in the tooth or extend through the root, which does not necessarily affect the success of the treatment. I understand that occasionally additional surgical procedures may be necessary following root canal treatment (apicoectomy).

#### 8. PERIODONTAL TREATMENT (TISSUE AND BONE)

I understand that I have a serious condition, causing gum and bone infection or loss and that it can lead to the loss of my teeth. Alternative treatment plans have been explained to me, including gum surgery, replacements and/or extractions. I understand that undertaking any dental procedures may have a future adverse effect on my periodontal condition.

I understand that dentistry is not an exact science and that, therefore, reputable practitioners cannot fully guarantee results. I acknowledge that no guarantee or assurance has been made by anyone regarding the dental treatment which I have requested and authorized. I have had the opportunity to read this form and ask questions. My questions have been answered to my satisfaction. I consent to the proposed treatment.

Patient Signature:

Date:

Parent/Guardian Signature if patient is a minor:

Date:



# Practice Material: Revision

## Managing Oral Medications (Chemotherapy Taken by Mouth)

**Cancer Center** hours are M-F, 8 am – 4:30pm. Phone:

- After hours, weekend, and holiday call: |
- Ask to speak to the oncologist on call.
- Use the UMCB Emergency Department if needed.

**Oncology Clinic** hours are M-F, 8 am-4 pm. Phone:

- After hours, weekend, and holiday call:
- Ask to speak with the oncologist on call.
- Use the SMCH (Hays) Emergency Department if needed.

### Keep Others Safe



- People other than the patient must not touch the medication.
- Do not share your medication with anyone and keep it out of reach of children.
- Transfer from the bottle, to a medicine cup, and then to the patient's mouth without touching or skin contact.
- Keep medication in the original container marked with the correct name and dosage.
- Wash hands or skin immediately with soap and water after touching the medication.

### Avoid Accidental Contact



- Do not open, crush, break, cut, or chew this medication.
- If the medicine tablet is accidentally damaged, do not inhale the powder.
- Dispose of medications properly. Bring damaged or unused medication to the clinic for proper disposal.

### Take the Correct Amount



- Take your medication around the same time each day.
- Do not double dose. Take missed doses as soon as possible, but not close to the time of your next dose.
- Do not change your dose or stop taking this medication.

### Store and Use Properly



- Store oral medication at room temperature.
- Do not use it after the expiration date on the bottle.
- Call your nurse, pharmacist or doctor for any questions!

# Practice Material: Revision

## Quality Systems Dental Clinic Treatment Consent Form

Patient Name:

Identification:

Date of Birth:

Gender:

Please read the items marked below.

Please read and sign at the bottom of this form.

### 1. Work to be Done

I understand that I am having this work done:

Fillings	Cleaning	X-rays
General Anesthesia	Exam	

Extractions (teeth taken out)

Impacted (stuck under the gum) teeth removed

Other

### 2. Drugs and Medicines

I understand that I might have an allergic reaction to my medicine. Antibiotics, pain relief and other medicine can cause allergic reactions. Reactions might be:

- Redness and swelling
- Pain
- Itching
- Vomiting
- Anaphylactic shock (serious allergic reaction)

### 3. Changes in Work

I agree that during treatment my dentist may need to change or add work. Changes may be due to problems found while working on my teeth. My regular exam may not show these problems. A root canal is the most common work added.

### 4. Removal of Teeth

I understand there are ways to treat my problem without taking out teeth. This might be a root canal, crowns, periodontal (tissue and bone around teeth) surgery or others. I give permission for my dentist to take out the following teeth: \_\_\_\_\_

If my dentist finds more problems, they can take out other teeth. I agree taking out teeth does not always get rid of an infection. I may need more treatment if I have an infection.

I agree these problems may happen from taking out teeth:

- Pain
- Swelling
- Bleeding
- Spread of infection
- Dry socket (pain from loss of the blood clot where the tooth was taken out)
- Loss of feeling in my teeth, lips, tongue and area around my mouth
  - May last for days or months
- Fractured jaw

I agree that I may have to go to a specialist. If I have bad problems during or after treatment, I might have to go to the hospital.

### 5. Fillings:

Possible problems from cavity fillings include:

- Infection: A cavity filling might pull away from the tooth making a small space that gets infected.
- Damage: A cavity filling might break, crack, or fall out.
- A large filling might cause pain or be uncomfortable for a day up to several months.

### 6. Endodontic Treatment (Root Canal)

A root canal may not save my tooth. I might have problems with my root canal. There might be metal objects cemented in the tooth or through the root. This does not affect treatment success. However, I may need more surgery after my root canal.

### 7. Periodontal Treatment (Work on Tissue and Bone around Teeth)

I agree I have a serious condition. I may get gum and bone infection or loss. I may lose my teeth.

Treatments may include:

- Gum Surgery
- Taking out Teeth and Gums
- Replacing Teeth and Gums

I may have future problems with my gums, bone and teeth from this surgery.

I agree dentistry is not an exact science. Providers cannot promise how treatment will turn out.

I agree no promise has been made by anyone about my dental treatment. I have asked for and agreed to the treatment.

I read this form and asked questions. I understand the answers to my questions. I consent to the treatment.

# Questions



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