RESOURCES FOR CLINICIANS

So Many Materials, So Little Time: A Checklist to Select Printed Patient Education Materials for Clinical Practice

Jami Fraze, PhD, Judith Griffith, RN, MS, Donata Green, PhD, and Laura McElroy, BA

INTRODUCTION

Clinicians value printed patient education materials for use in their busy practices because of their accessibility, convenience, and low cost. These materials can help broach important and sensitive topics, reinforce medical information verbally discussed with the patient in a cost-effective manner, and save time typically required to explain clinical topics. If a material can provide necessary information succinctly, then clinician–patient communication can be focused on other unmet patient education needs.

Most clinicians, including midwives and other women’s health care providers, receive a number of printed health education materials offered for use in their practices. Just reviewing these materials can be time-consuming for clinicians, let alone selecting the materials that are most appropriate for their patients. Although others have researched how clinicians organize, display, and use printed patient education materials, few resources exist to help clinicians systematically judge the materials’ quality for use in their specific practice. This article provides a checklist that helps clinicians assess the suitability of printed patient education materials within the context of their own practice.

BACKGROUND

Detailed guidelines have been published to help clinicians evaluate the content, layout, readability, and cultural relevance of health-related patient education materials. Researchers have also investigated the disconnect between the language and content of health education materials and patients’ overall and health literacy levels, its impact on the material’s utility, and patient health outcomes. In addition, researchers have discussed barriers to access, comprehension, and relevance of health education materials for different cultural and socioeconomic groups. Offering materials that are culturally and linguistically adapted for the target audience, accessible through a variety of media, and positively received through audience formative research can all help reduce these barriers. Yet a review of health and patient education literature did not identify a brief checklist that can more globally assess printed materials’ appropriateness within the unique context of a clinician’s practice with considerations from Doak et al.’s Suitability Assessment of Materials (SAM) instrument.

The Community Tool Box (CTB), developed by the University of Kansas, includes checklists to design community health interventions. The CTB, a best practices–based Internet resource, is globally recognized for its efforts in promoting community health and development with free how-to guidance and for its work with the University of Kansas’ World Health Organization Collaborative Centre. The CTB section on “Designing Community Interventions” includes a tool entitled “Determining if interventions done by others are appropriate for your purpose and situation,” which can help evaluate if an existing program is appropriate to address a specific health problem. We adapted this checklist to assist clinicians in selecting patient materials for their specific audience and subject matter of concern.

A CHECKLIST FOR SELECTING PRINTED HEALTH EDUCATION MATERIALS FOR USE IN CLINICAL PRACTICE

The checklist presented here focuses on two primary areas for considering adoption of a printed material—appropriateness and practicality (Table 1). The summary section of the checklist includes final decisions to consider once the first two areas have been assessed.

Is the Material Appropriate?

When assessing an educational material, it is critical to consider its appropriateness for one’s patients, including its support of evidence-based guidelines and whether the resource meets a clinician’s and patient’s needs better than the materials that are currently being used. The first question to consider is whether the clinical issue is relevant to the clinician’s practice and patients. For example,
human papillomavirus (HPV) screening is now an option for clinicians who provide gynecologic and perinatal services. Clinicians may choose to have patient education materials not only about this diagnostic test, but also complementary education materials about cervical cancer prevention.

To answer the next question—whether the material is consistent with evidence-based guidelines—a clinician needs to know the current relevant evidence and guidelines and ascertain to what extent a material supports them. There are a variety of sources of evidence and guidelines, including journal articles, the Cochrane Library, and statements and bulletins from professional organizations such as the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists. The National Guideline Clearinghouse (NGC) is another excellent resource and offers more than 2300 evidence-based clinical practice guidelines related to numerous diseases.19

The third question in assessing the appropriateness of material is whether it is from a credible source. For this question, one must identify the source of the material and consider their qualifications for offering the materials, motives in doing so, and potential sources of bias.1 Also to be considered is what national organizations are cosponsoring the materials.

Next, the clinician needs to ascertain if the material helps fill an unmet need in the practice or meets the patients’ needs better than the ones I am currently using? Does it:

- Appeal visually and appear culturally, gender, and age appropriate to my patients?
- Have an attractive cover?
- Emphasize a desired behavior change?
- Contain 4 or fewer main points with a summary recappping them?
- Have a conversational writing style, in active voice, with minimal technical jargon?
- Have ample white space, high contrast between the print and paper, and a font size of 12 points or larger with serif type?
- Have relevant graphics that support the text?
- Meet the appropriate reading level?
- Refer to specific types of health care providers, such as midwives or nurses, or use inclusive general terms, such as clinicians or providers?

Is the material practical?

- What is the financial cost of the material and ordering process?
- Is there educational support for use of this material?
- How easily can the material be incorporated into my practice?
- Is the patient material available in multiple languages?

Summary

- Will I recommend this material for my clinical practice?
- How will I know if this material is making a difference with my patients?

Adapted from Nagy20 and Doak et al.11
a patient’s attention.11 These criteria can be better addressed when members of an intended audience provide input into the material’s development.17 Also important to consider are the organization of content, writing style, layout, and design. Graphics that have a more universal appeal, such as an ultrasound, and that support the text are preferable to photography, which may have limited relevance to specific ethnic patient groups.

Assessing the reading level of print materials is imperative. Information must be clear and easy to understand to help patients improve their health status.11 A standard reading level for many patient resources is typically the fifth grade,9 although some clinicians prefer two versions that provide more details for their patients with college or postgraduate education.

The final consideration used to assess the appropriateness of a material is the terminology used for clinicians. Patient materials should refer to health care providers by specific type, such as midwives or nurses, or more generally as clinicians or providers. If materials refer only to physicians, this language may imply that patients should only receive care from physicians.

Is the Material Practical?

In addition to appropriateness, a material should also be practical for use in a clinical practice. The first question in assessing practicality is the financial cost and process for obtaining the material. It would be convenient to order materials in a variety of ways: telephone, fax, the Internet, and business reply cards.

Next, the clinician must consider if there is educational support for use of this material. If the materials address a health issue with a novel approach or new information, clinicians and/or support staff may seek educational training or clear instructions to better understand the material and how to optimally use it.

The clinician must also evaluate how easily the material can be incorporated into the practice. Staff may need some time to become familiar with a patient material so that they know when and to whom to offer health education materials. Sufficient volume of materials should be ordered to support several months’ use.

The final question in assessing practicality is the languages in which the material is available. It would be optimal if a material is available in several languages accessible to a variety of women. It is also important that the material’s health information is linguistically and culturally adapted, not just literally translated.9

Summary

After evaluating if a health education material is appropriate and practical, the clinician makes the decision of whether or not to recommend it. When a new material is selected, the clinician should consider how to evaluate to what extent it is providing benefits to patients. Informal evaluation of a material’s use can be done by tracking the number of materials distributed and obtaining feedback from patients. It would also be enlightening to garner staff perceptions of the materials and if they appear helpful for patients.

DISCUSSION

The most effective form of communication between a clinician and a patient is interactive discussion about a clinical issue. Clinicians have strong rapport with their patients who usually value their guidance. Because many topics are covered in health care and can overwhelm patients, print materials can aid in reinforcing patient education.3

The current checklist for selecting patient education materials has some limitations. Some educational marketing materials and sample products will not readily feature all the information needed to address checklist questions. Commercial materials, for example, often provide a sample, the price for volume purchase, and languages available for each product. However, they may not provide the readability level or indicate whether formative research with the intended audience informed material development.

The last checklist question—“How will I know if this material is making a difference with my patients?”—touches on the most important aspect of printed health care education materials. The impact of various types of materials and delivery modalities on patient health is beyond the scope of the checklist presented here. It encompasses more detailed aspects, such as material content, cultural relevancy, and appropriate health literacy level.15,17

Perhaps chief among these issues is the mismatch between the language and content of health education materials and the intended audience’s comprehension level.15 Research has indicated that many materials are written above the overall literacy level of the average patient3,15 or contain medical language that patients find difficult to understand.15,21 This problem can hinder crucial aspects of self-management, such as adherence to medication regimens and, more importantly, health outcomes.21

This checklist for selecting health education materials focuses on appropriateness and practicality of the material being evaluated. We hope that others will expand the checklist presented in this article to assess additional types of patient education materials for clinical practice and the most appropriate delivery method for the materials. Others can also broaden this checklist to include factors such as tailored or targeted materials and which education modality is most appropriate for patients with differing health literacy levels.

The authors would like to thank Jan Kriebbs, CNM, MSN, Enbal Shacham, PhD, Pamela De La Cerda, MPH, Lynne McIntyre, and Angel Gonzalez for providing thoughtful input into this manuscript.
REFERENCES


