AMERICAN MEDICAL WRITERS ASSOCIATION AMWA JOURNAL V39 N2 / 2024

PRACTICAL MATTERS

Help Your Clients Create More Readable Patient Education Materials

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Improving readability is a challenge for many of our clients who create patient education materials.[1] Most studies addressing this problem focus on the language level of written content. Both digital and print materials produced for public audiences are typically more appropriate for health care providers and students than for patients, families, and caregivers, and this appears to be a global problem.[2-4]

As a medical communicator, you can help! Even if you don't have specialized training in health communication or creating patient education, the simple tips below can help you improve the readability of materials prepared for the public.

TIP 1: MAKE SURE EVERY PIECE HAS JUST ONE MESSAGE

Limiting each piece to a single message enhances readability by helping you limit the document's length. It allows patients and other users to focus on the important information instead of having to figure out what's essential and what isn't.

What does your client want to convey on that web page or information sheet? Ask this question when you start a project that includes material for the public. Gently guide them towards *one* answer, such as "learning the benefits of a Mediterranean diet."

If they want to convey multiple messages, ask which are the most important. Suggest segmenting the information. For example, a patient education slide set can be delivered in 3 segments, each with its own message.

If you are editing for readability, strike out every detail that does not directly support the message your client wants to convey. I usually add a constructive comment when I delete material, such as "This would be great in a separate brochure," or "What about moving this to the 'After Your Surgery' webpage?"

Why not just use AI?

First, these tips are not about improving readability by changing the words you use. Readability starts far upstream of word choice.

You may also balk at placing your organization's existing content in an artificial intelligence (AI) generator. When AI creates content, it does so by scraping the Internet for what others have written. Your words aren't private or protected—you've just shared them with the world.

TIP 2: PLACE THE MESSAGE PROMINENTLY

Place the piece's message prominently, usually in the title as well as at the start. This ensures your audience gets the message even if they only glance at the information. They will know what the piece is about and can come back to it later when they need the information or have more time.

The title of your patient education piece, whether print or digital, should be the main message in everyday language. Instead of "COVID-19 Rapid Antigen Test"—which is a label, not a message—write "How to Do a Home COVID Test."

The first paragraph should also state the main message. "These instructions help you test for COVID-19 at home" or "This information tells you how to use your asthma inhaler."

In digital materials, the main message should appear immediately, eg, "Make an appointment" or "Learn your diabetes risk." Users should never need to scroll through content to discover the message.

In the days of newspapers, less urgent or interesting content was placed "below the fold" on the front page, so readers had to flip the paper over to read it. Don't make users hunt for the main message.

TIP 3: USE CLEAR VISUAL CUES

Visual cues draw the eye. They serve as signposts that are especially important to users with lower vision or less confidence in handling print or digital information.

Highlight the material's title with bold type, a larger type size, a different color, or a heading such as "What You Need to Know." Avoid using all caps or underlining, as both of these devices obscure the variations in letter shapes that help users recognize words quickly.[5]

Add subheadings throughout the document. Use coordinating but different type size and font.

ISSN 2163-5315

A strategy from sales and ad copywriting is to make the subheads tell a story.[6] If you read one after the other, you have a coherent narrative. For example, a handout titled "Getting Ready for Surgery" can have subheads like "Prepare the night before," "Get ready at the hospital," "Ask questions," and "Know what to expect after surgery."

If you are writing a series of tips or steps, repeating the word "tip" or "step" indicates the sections of a document.

TIP 4: MAKE CONTENT LOOK EASY TO READ

Material that looks challenging to read will be abandoned, potentially in favor of "Dr Google." Remember that your audience may have access to a great deal of attractively presented, user-friendly, but inaccurate information.

To assess how inviting a print piece is, I like to place it on a desk and stand over it, with enough height that I can't actually read the words. This gives me a sense of how the piece looks when it's handed off to a user for the first time.

I bring digital content up on my phone. This is how most people will view it, and you can instantly evaluate its user-friendliness. If you have any difficulty reading or navigating it compared to your own go-to digital content, talk with your web designer about optimizing the content for mobile use.

Questions to ask:

- Does the document or digital content look easy to scan at a glance? Or do you see big blocks of text, as you would in an academic journal? If it's the latter, some text needs to be cut and subheads added. Check a favorite news website to see what paragraph length users are accustomed to. It's usually a sentence or two.
- Is it visually busy? It should feel good to keep your eyes on the document or page. You should not have the sensation of visually skipping around.

TIP 5: WHEN IN DOUBT, CUT IT OUT

Help clients identify the "need to know," and remove the "nice to know" or save that for another audience.

Is the information "need to know"? If patients, families, and caregivers can act on it, the answer is yes. If it's not actionable, it's nice to know, but not essential.

I once encountered a brief discussion of the sella turcica in a brochure on pituitary gland disorders. Was it interesting? Sure! Could patients do anything with it? No. Out it went.

What is "need to know" varies with your audience. For example, some clients include information on anatomy (like in the above example) or pharmacokinetics. However, the hard fact is that users don't usually need to understand these topics in order to participate in their health care any more than I need to understand exactly how the siping on winter tires works in order to choose the best ones for my needs.

Keeping sentences between 10 and 12 words is helpful for users. This is challenging for those of us who spent a lot of time in school, where sentences can run into entire paragraphs. The average sentence length I see in draft content written by clients is at least 20 words and often more than 40.

Again, look at popular digital content to see what the public is used to. **Bonus tip:** If you see a conjunction or a semicolon in a sentence, that sentence can likely be broken into at least 2 shorter ones to improve readability.

TIP 6: SWITCH HIGH-LEVEL WORDS FOR EVERYDAY WORDS

Using words that you would use in talking to a neighbor or family member makes content friendlier for the public. It also helps you avoid words that many of our users have never seen in print. Remember that as knowledge workers, medical communicators see many more words, and many more complex and challenging words, than most people. It's our job!

For some of us, it's easy to come up with alternatives to high-level words like "salutogenic." For others? Not so much, especially if you're accustomed to writing for health care providers.

Now is the time to actually read the content of your patient education document. (You may want to print digital content to do this.) Take a pen in your favorite color and simply strike through the following:

- ☐ Words of more than 3 syllables
- ☐ Medical, scientific, nursing, and technical terms
- ☐ Words you use when talking to colleagues, but not to your next-door neighbor (eg, "follow-up," "resource" as a verb)
- ☐ Non-English words ("in vivo," "tamponade")

Now, replace those words with common English words. Consulting thesaurus.com is perfectly OK! I often revise the rest of the sentence a bit to make the new word fit—it's seldom a one-for-one substitution.

RESOURCES

I hope these tips will help you make clients' patient and family education materials more readable, even if you're not a readability or patient education expert. Here are some resources for further help.

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Author declaration and disclosures: *The author notes no commercial associations that may pose a conflict of interest in relation to this article.*

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