

# Patient Education: The Creation of Patient Enablers



BY Heather L. Orsted

**T**he primary mission of a patient enabler, such as a patient handout, should be to impart useful, “actionable” information, to enable best practice to occur.<sup>1</sup> Handouts should focus on your patient’s needs and concerns while providing information that you think your patient will need to know.<sup>2</sup> Some patient handouts are read with interest while others are opened, scanned and dismissed. If a brochure’s first impression does not create interest for the reader, the odds are that it will never be read.<sup>1</sup>

A key step to writing a good brochure or enabler is remembering your target audience. As a health-care professional you may be interested in the technical aspects of your patient’s disease, but most patients won’t care and will be bogged down by the medical jargon. They want basic information that will improve their quality of their life while living with a health-related disorder (such as diabetes). So, when creating your enabler, limit your content to what matters to the average patient, use the “KIS” principle (Keep it Simple), and try writing the enabler so your family will understand the information you are sharing.<sup>1</sup>

Handout text can be made more readable through the use of short words, short sentences, and short paragraphs. Low socioeconomic status, minimal education, and English as a second language correlate with reading difficulties, yet many people with reading difficulties have no outward signs of their disability.<sup>3</sup> According to recent Statistics Canada data, 48 per cent of Canadian adults have low literacy, leading to difficulty in interpreting written communication in everyday life.<sup>4</sup> An appropriate reading level, therefore, can make or break your handout. Patient education material

should aim for a reading level at the fifth or sixth grade [Editor’s note: For your interest the article you are reading now is at a grade 10 level]. If you are writing for the elderly or visually impaired (such as persons with retinopathy), use a larger type size—at least a 12-point font—and avoid using capital letters, which are harder to read.<sup>2</sup>

Keep the topic of the handout narrow; for example, a brochure on diabetes may be too long or too general to hold the interest of the reader, but a brochure on why people with diabetes should check their sensation is much more likely to be useful. Remember, 80 per cent of any handout should be directly relevant to the recipient.

It is true that a picture is worth a thousand words, so be creative when creating enablers. Insert visuals such as a good drawing or a photograph. The right visual can be more effective than paragraphs of text and will help overcome language and reading-level barriers.<sup>1</sup>

Effectively supporting a change in behaviour involves several approaches. Well-written, appropriately designed educational material for patients is only one strategy in a host of strategies to support change.<sup>3</sup> It is, however, a great first step! ☺

## References

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# How Are Your Feet Feeling?

## A Simple Test that Could Save Your Feet

This patient/caregiver enabler was developed by Martine Albert, RN, BScN, IIWCC, to help facilitate the use of CAWC monofilaments by patients with diabetes.

Preventing foot sores should be a major goal of people with diabetes. Sometimes people who have diabetes do not feel pain or hot and cold sensations on their feet. This is called a Loss of Protective of Sensation, or "LOPS." A loss of sensation can also be referred to as *sensory neuropathy*. This condition increases a person's risk for injury to their feet. If LOPS is found, it is essential that the patient's feet get proper attention and care.

It is important that feet be *routinely* tested to see if they have a change in sensation. A quick, easy and inexpensive test can be done using a small piece of monofilament similar to a piece of fishing line. If a person cannot feel the monofilament on one or more sites on their feet there is an increased risk of injury. The test outlined below can be done by a health-care professional or by anyone trained in the procedure and will help determine if there is a loss of protective sensation.

### How to Perform Sensory Testing

#### Step 1

- Ask the person who will be tested to get in a comfortable position.
- Remove his or her shoes and socks.
- Explain the test and the reason for doing it.
- Show the monofilament.
- Demonstrate on their forearm how the monofilament bends and feels.
- Clarify that the filament is not sharp and is like a fishing line.

#### Step 2

- Explain that you will be touching the feet (one at a time) in 10 areas (see Diagram 1 for the locations).
- Make sure the feet are in a neutral position and ask the person being tested to close their eyes.
- Ask them to say "yes" when they feel the filament and, if they can, to tell you where they are feeling it.

#### Step 3

- Hold the monofilament at 90° degrees to the foot.

- Press it against the first site.
- Make sure there is enough pressure to bend the filament into a C curve (see Diagram 2).
- Keep the pressure in place for one to two seconds.
- Do not slide and avoid making repeated contact in one area.

#### Step 4

- Keep a record using a + sign for feeling or a – sign for no feeling, then add the + signs to get a score.
- Change the sequence of test sites to prevent the person from sensing a pattern.
- Do not test over callouses or corns.
- Discuss your findings with the person being tested.
- Provide education as needed.

### Conclusion

The monofilament tool can be a useful screening and assessment test to identify LOPS and to help reduce the incidence of diabetic foot problems.

To order monofilaments, visit the Boutique section of the CAWC Web site at [www.cawc.net](http://www.cawc.net).



DIAGRAM 1

### 10 Site Sensation Testing using a 5.07 gram monofilament

Right foot Left Foot

And also on the dorsum of *each* foot.

**Check for sensation at each of the following sites:**

Sites 1-3: Toes: 1<sup>st</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 5<sup>th</sup> \_\_\_\_

Sites 4-6: Balls of foot: 1<sup>st</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 5<sup>th</sup> \_\_\_\_

Sites 7-10: Arch: \_\_\_\_ Other side of arch: \_\_\_\_ Heel \_\_\_\_ Top of foot: \_\_\_\_

Score \_\_\_\_ / 10