

Patient Education Handout Guidelines

- 1. Reading level.** Newspapers and other commonly read materials are written on the sixth-grade to eighth-grade level. Even patients who read at a much higher level generally appreciate information that is simple and to the point -- as long as the tone isn't condescending.
To conduct your own quick assessment of a handout, keep these general guidelines in mind as you read: One or two syllables per word, one idea per sentence, one concept per paragraph, no more than five key points per handout. Medical terminology should be avoided whenever possible. If it can't be avoided, the terms should be carefully defined. For example, *bed wetting* should be used rather than *enuresis*. Because there is no lay term for *rosacea*, a handout on that topic should explain how to pronounce the word and what the condition involves. Consistency in terminology is also important. Analogies, simple punctuation, contractions and even slang are good if they enhance understanding.
- 2. Language.** Most patient education resources on the web are available in English and Spanish. There is a way to translate into European languages using Word, and Google has translation services for text. If the text of the handout is simple, these work much better.
- 3. Design.** The type should be big enough to be easily read. Fancy typefaces and long stretches of text in italic type or all in capital letters should be avoided. White space (generous margins, blank lines between sections, etc.) and subheadings enhance readability. A ragged right margin is generally more readable than an even one.
- 4. Illustrations.** Illustrations aid comprehension for those with poor reading skills and are generally easier to remember than text. But a bad illustration can wreck an otherwise excellent patient education handout. The illustration must match the words and be understandable without text accompanying it. Illustrations should be simple; a detailed anatomical diagram may not be as effective as a simple line drawing. Illustrations of patients should be representative of your target audience.
- 5. Content.** Above all, the information needs to be accurate, up-to-date and consistent with what you would teach. Also ask yourself these questions: Is the benefit of the information clear to the reader? Is too much detail provided, or too little? The American Academy of Family Physicians Foundation reviews the content of patient education materials and publishes a list of those that have been favorably reviewed (see the resources list on page 70).
- 6. Demand-management value.** Look for handouts that include specific advice to help patients understand when they should (and should not) seek your attention. For example, a patient education handout about the flu and colds would include a list of symptoms that should prompt the patient to call you.
- 7. Balance.** Ask yourself whether the content respects diverse cultural and religious views and avoids bias. Does it present information about treatment objectively, address both sides of controversial issues and explain positive and negative aspects of procedures?

8. **Source.** Finally, consider how the content of the material might have been affected by its source. Determine who funded the piece, who endorsed it and whether these organizations have a commercial interest in its content. If the information isn't copyrighted, you can adapt the content to suit your purposes.