

the coordinator in the form of a query. The coordinator is responsible for responding to all queries. Some queries identify errors in documentation or transcription; when appropriate, the coordinator responds that the data entered were correct.

The treatment phase of the study lasts several weeks, as long as the study protocol requires, or until the patient heals (if that occurs before the treatment phase ends).

Post-treatment phase

The post-treatment (observational) phase of the study may last 2 to 4 weeks or even longer. During this time, you would continue to monitor the patient, assess the healed wound, photograph the site at each visit, and make sure required follow-up lab tests, X-rays, and other studies are performed.

The opportunity to participate in a clinical trial is exciting and interesting for both the clinician and patient, allowing them to watch an idea grow into a clinical trial and a potential new product. Those who participate come to appreciate the many people who contribute to development of a new product. To get started participating in a clinical trial, visit <https://clinicaltrials.gov/> and search for a study that fits your clinical practice. ■



Watch: Clinical trials explained

1. Patient Education
2. Drawn to Science

Selected references

National Institutes of Health. About clinical studies. Last reviewed August 2012. <http://clinicaltrials.gov/ct2/about-studies>. Accessed November 26, 2014.

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Susan Beard is a staff nurse in Advanced Wound Healing and Hyperbaric Medicine at Passavant Area Hospital in Jacksonville, Illinois.



Translating the language of health care

By Catherine E. Chung, PhD, RN, CNE, WCC

As a wound care clinician, you teach patients about medications, wound treatments, the plan of care, symptoms of complications, wound physiology—you teach a lot. And most patients probably smile and nod when you ask, “Do you understand?” However, health literacy research has shown that only 12% of the U.S. population is fluent in the language of health care. As health care has become increasingly complex, it has become increasingly difficult for patients to understand. Fortunately for your patient, you can translate.

Health literacy and your patient

According to the U.S. Department of Health and Human Services, health literacy is “the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Health literacy has little to do with someone’s ability to read or write. Rather, health literacy is about the person’s ability to acquire, understand

the meaning, and appropriately use health information, which includes print material, verbal instructions, and online information.

Multiple factors affect health literacy, including physical status, age, culture, past experiences, emotional states, level of education, and socioeconomic status. Not every patient has the same ability to understand what you're teaching. A patient doesn't even maintain the same level of health literacy over time; for example, if a patient receives a devastating diagnosis, the associated emotional response will limit that person's health literacy. Consider a man who went to a healthcare provider because of a wound he developed, but then learns he has diabetes. The news may feel overwhelming to him, with wound care taking a back seat to concern over the diagnosis of diabetes.

Health literacy is a concept that makes sense once clinicians, as the fluent healthcare linguists, consider it. Patients at highest risk for complications, including elderly patients and those of low socioeconomic status, have the lowest levels of health literacy. These are the patients most likely to feel intimidated about asking you questions because they see you as the expert.

For clinicians, who normally speak to other clinicians in their primary language of health care, lack of health literacy presents a challenge. For example, you're treating an 82-year-old patient with diabetes and a traumatic lower leg wound that was infected and has been slowly healing. The patient asks when the wound will heal. You launch into a lengthy explanation of wound healing and the impact of blood glucose control, blood flow, the location and depth of the

wound, and the treatment of choice. The patient replies, "But when will it heal?" The patient isn't being difficult—he just didn't understand anything you said.

To translate healthcare information so your patient understands it, you must determine the patient's level of health literacy and meet the patient at his or her level of understanding. Here are some suggestions to help you start translating.

Assess the patient's health literacy status

In addition to asking your patients questions about how often they have a dressing change or how their wound originated, ask why they think their dressing change is scheduled the way it is. Or, ask if they can see any difference in the wound and what they think that difference means. Listen not only to the words the patients are saying but also to the tone of voice they use: Do they sound certain? Confused? Anxious? Remember that negative emotions will make it more difficult for your patient to understand your teaching.

If new medications are prescribed for wound care, have the patient read the



More communication tips

- Tell the patient the most important information first.
- Speak from a positive point of view.
- Explain to your patient how your message affects them.

Say, “Your wound is infected, so we have to use a different type of bandage.”

Say, “We want to use this white pad starting today.”

Say, “Your wound will heal faster if you eat more healthy foods.”

Not, “We’re changing your bandage type because the wound is infected.”

Not, “Don’t use that pink pad any more. We’re not using that one now.”

Not, “It’s important for people to eat healthier diets.”

prescription label out loud. This isn’t a test for the patient—it’s an assessment technique for you. If the patient makes excuses not to read the label, this could be a sign of limited reading or visual ability, which will affect the patient’s ability to understand and perform wound care. This exercise will help you decide if the patient is proficient in the language of health care. Then you’ll know if you can translate at an introductory level or a more advanced level.

Use plain language

The Plain Writing Act of 2010 requires federal agencies to write all regulations in a clear and easily readable style. This is a good idea for wound care clinicians as well. It allows the patient to understand the teaching in simple layperson’s language. Examples of plain language include word substitutions, such as “follow” instead of “comply with” or “stop” instead of “discontinue.”

Healthcare terminology should also be

converted to laypeople’s terms. For example, “purulent drainage” would be more meaningful to a patient as “greenish and smells bad.” Try to use words that are one or two syllables. For more tips for getting your message across, see *More communication tips*.

Limit information quantity

Just like students learning a foreign language, our patients can digest only limited amounts of healthcare language at one time. What constitutes too much information? That depends on your patients and how familiar they are with health care in general, how stressed they are about the wound and any associated diagnoses, how much support they have, and whether they’re concerned with the financial implications of the wound and associated diagnoses. So, as you can see, how much information you give your patient depends on your patient’s level of health literacy.

Try to break the information into logi-

Ask the patient, “Could you explain back to me what we talked about?”

cal steps that fit your patient’s needs. For example, you might teach the patient how to clean the wound during one appointment, how to pack the wound at the next appointment, and how to cover the wound at a third appointment if the patient seems very nervous about the process. Patients who previously have helped others with wounds or are calm about the process may be able to learn all the steps at once.

Verify information understanding

Don’t ask, “Do you understand?” It’s human nature to respond “Yes” to that question to avoid feeling inadequate. Instead, use the teach-back method. Ask the patient, “Could you explain back to me what we talked about? I want to make sure I told you everything I was supposed to today.” As the patient explains, you’ll be able to tell whether you successfully conveyed the information. You’ll also be able to determine if the patient can take in more information during the present appointment. If the patient can repeat only a small part of what you said, then you know to offer smaller chunks of information when teaching.

Your patients may not think of questions during your time together, but it’s likely they will think of them afterward. If you give patients permission to write down questions, they feel validated: The expert is saying it’s OK if they need more information later. This might seem silly, but many patients are afraid they’re wasting your time if they ask you questions about something you might not have discussed during their appointment.

Patient-centered care

As a wound care clinician, you want to practice patient-centered care. For your patients to be a partner in their care, they need to fully understand what is happening during their wound care and what to expect from the plan of care. After all, the translation your patient really wants to understand is the answer to “When will it heal?” ■

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Catherine E. Chung is an associate professor of nursing at National University in Henderson, Nevada.