Health Literacy Toolkit

Health Literacy Resources for Healthcare Providers

HPA Health Promotion Administration, Ministry of Health and Welfare

Verbal Communication Pack

Senior Communication Pack

Navigation Pack

Health Data Pack

Ask Questions Pack

Audio-Visual Teaching Aids Pack

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Foreword

In recent years, health literacy issues have attracted much attention. Experts and scholars regard health literacy as one of the important factors affecting health outcomes and services. In 2016, the 9th Global Conference on Health Promotion also called on governments to commit themselves and have policies to enhance citizens' health literacy as well as improving the health information environment. That is to say, raising health literacy and improving the health literacy environment are important consensus in global health policies.

Taiwan has listed the enhancement of health literacy as one of the key national policies, and press ahead with the plan to enhance national health literacy. In this regard, the Health Promotion Administration (HPA) not only manages to develop health literacy human resource to provide more friendly care, but also referred to the practices of Agency for Healthcare Research and Quality (AHRQ and U.S. Centers for Disease Control and Prevention (CDC) to develop many practical health literacy toolkits for medical service providers.

Contents

In order to enhance the health literacy of the public, HPA invites experts to develop a local "Health Literacy Toolkit" to provide relevant tools for better services. It includes 6 chapters: "Verbal Communication Pack", "Senior Communication Pack ", "Navigation Pack", "Health Data Pack", "Question Pack ", and "Audio-Visual Teaching Aids Pack". With simple and understandable texts along with examples and explanations, the toolkit can be a powerful tool for first-line medical professionals. The contents of the toolkit emphasize the "How to" skill, making health literacy actions and services more specific and easy to perform, so that health professionals can effectively communicate health information to the public and enhance the health literacy of all.

Director General
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Contents

Book 1

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Audio-Visual Teaching Aids Pack

Communication problems that patients may encounter with medical staff

- Not fully understand the instructions given by medical staff
- Be scared to say "I don't understand"
- Don't know how to talk to medical staffs
- Misunderstand the instructions given by medical staffs
- Easily forget the instructions given by medical staffs
- The medical staff is in a rush and speaks too quickly

Communication problems that medical staff may encounter with patients

- Patient may not know how to describe the problem
- Medical staffs uses jargons or terms that are difficult for patients to understand
- Cannot speak the patient's language
- Medical staffs are unsure if patients fully understand the information or instructions given
- There are too many issues that need to be covered in limited time
- Patient seems to have little or no questions/problems (no visible problems)

In a hospital or community setting, medical staff often need to ask the patients questions, explain their illnesses, provide instructions on how to eat, etc. In reality, how much of the information delivered did the patient remember or understand? Does the patient really understand it? The "Verbal Communication Pack" provides medical staff with many tips and resources, taking into account the patient's health literacy level when communicating with them, and uses easy-to-understand methods to convey messages clearly to patients and family members. Patients are encouraged to ask questions, which increases their engagement and ensure that patients receive sufficient information, participate in shared and informed decision-making in care plans, and address any potential issues in the care process.

Who can use "Verbal Communication Pack"? Who is suitable for the "Verbal Communication Pack"?

1. Current medical staff
2. New recruits
3. Medical students
4. Medical instructors
5. Other relevant personnel in public communication

Contents of "Verbal Communication Pack"

Tool 1 — Communication attitude - sincerity and respect

Tool 2 — The amount of information conveyed - Don't speak too much at once!

Tool 3 — Terminology used in communication - Speak clearly and plainly

Tool 4 — Confirmation of understanding

Tool 5 — Medication Communication - Brown Bag Medication Review

Tool 6 — Communicating with non-native English speakers

Tool 1: Communication attitude-sincerity and respect

Give your patient a smile and greeting right away, making him/her feel your kindness and shorten the distance between you and the patient. There are several ways to make patients/hospital visitors feel more comfortable when communicating:

● A private space free of disturbance

Reduce background noise as much as possible, avoid distracting environments, and ensure you can see each other's expressions with good lighting.

● Active listening

The skills(**SOLER**) for active listening are as below:

S **Square** Sit SQUARELY to the patient.

O **Open** OPEN your body and avoid crossing your arms/legs.

L **Leaning** LEAN in slightly to demonstrate that you care.

E **Eyes contact** Maintaining good EYE CONTACT can make the person comfortable.

R **Relaxed** Your relaxed POSTURE can make people feel relaxed and comfortable.

If the patient is lying on the bed, pull up a chair and sit down. This allows you to be at the same eye level as the patient. Focus on what the patients is saying, maintain eye contact, tilt your body slightly, and relax your limbs. Direct face-to-face contact can create unintentional pressure on the patient. Please don't talk while prescribing or writing any records, in order to avoid making mistakes and making patient nervous.

● Don't make assumption about whether the patient knows or not

Inappropriate assumption of patients' knowledge will result in omission of information that should be explained. If the patient fully understands, there is no need to repeat the explanation. Medical staffs can ask the patients what they know about the topic. This will help them organize and prioritize the flow of the conversation.

● Speak in a clear tone and not too fast

Effective communication includes the tone of voice, intonation, speed, rhythm, application of pauses, and body language. These elements can convey more information than the actual content of the conversation.

● It is the responsibility of the medical staff to "communicate clearly" with the patient

Patients have the right to fully understand the health information given by the medical provider. It is the responsibility of the medical staff to provide easy-to-understand information and confirm the patient's understanding. To determine whether the patient understands, medical staffs will usually ask the patients some questions. If the patients feel confused, the medical staff can tell the patient "I want to make sure if I am clear enough" and "It is our responsibility to make it clear."

● Language assistance offered by patient family or translation service

If the patient's accent is difficult to understand, please ask the family members for assistance. If they are non-native Mandarin speakers, you can take the initiative to arrange translation services. (For the practice of translation services, please refer to Tool 6).

Tool 2: The amount of information conveyed- Don't speak too much at once!

Don't speak too much in a conversation. Patients with low health literacy may not have the ability to process large amount of medical information. Prioritize the most important information and limit information to 3-5 key points. If it is a complex message, try explaining it in different parts. Confirm whether the patient understands before moving to the next part.

- Prioritize the most important information, and do not exceed 3-5 points at a time.
- Complicated information should be explained separately.
- Confirm understanding of each part.

Tool 3: Terminology used in communication- Speak clearly and plainly

Medical terminology is often complex for laymen. The information should be easy-to-understand for patients. The following should be remembered during communication:

- Use every-day, common language.
- The message should not be too long.
- Avoid medical terms and jargon. Try to explain or give examples in plain language.
- Use auxiliary tools (pictures, videos, infographics, 3-D models).
- Emphasize the key points.

Strategies for emphasizing key points:

- Repeat important information

  Key points often include information that patients need to know, in order to take care of themselves properly, such as drug usage, dietary contraindications, post-operative activities... etc. These key points need to be repeated to ensure that patients fully understand.

- Soften professional data

  Professional data, such as morbidity rate, recurrence rate, risk, etc. They are usually provided to patients to help with making medical decisions. (Please refer to Tool 1 and Tool 2 of "Health Data Pack")

- Explain medical documents

  Hospitals often require patients to sign medical documents, which must be explained verbally, such as surgical consent form, consent form for self-funded projects, etc.

Tool 4: Confirmation of understanding

Confirming the patients' understanding is an important communication skill in health literacy. Some strategies that are helpful for people with low health literacy include:

- Teach-back

  This method is a way of checking understanding by asking patients to state what they have heard in their own words. If they cannot remember or accurately repeat what you had asked, clarify the information and allow them to teach it back again.

● Teach-back method has 10 elements; the following are elements to cover the principles of health literacy.

(Cited from Always UseTeach-Back. http://www.teachbacktraining.org/)

— Use a caring tone of voice and attitude.
— Display comfortable body language and make eye contact.
— Use plain language.
— Ask the patient to explain back, using their own words.
— Use non-shaming, open-ended questions.
— Avoid asking questions that can be answered with a simple yes or no.
— Emphasize that the responsibility to explain things clearly is on you, the medical service provider.
— If the patient is not able to teach back correctly, explain again and re-check.
— Use reader-friendly (easy to read and understand) print materials to support learning.
— Document the patient's response and reaction to teach-back.

Example: Use the teach-back method for communication of medical prescriptions.

Try asking:

☑ Doctor: "I want to make sure what I just said is clear. Can you tell me how to take these medicine?

☑ Doctor: "How will you instruct your family to take these medicines?"

☑ Doctor: "Can you show me how to take this asthma inhalation medicine again?"

Avoid asking:

☒ "Is it clear?"

☒ "Do you understand?"

☒ "Do you have any questions?"

● Patients can be their own best instructors

Encourage patients to take the initiative to ask questions when communicating with medical staff. Use the teach-back method to help confirm their understanding and identify any misinterpretations.

The patient can say:

— "Let me make sure if I understand what I just heard..."
— "I want to repeat what I just heard, because it's a bit complicated..."

● Chunk and check

This method can be used when there is a lot of information. Break the information down into smaller chunks. After each chunk, encourage the patient to ask questions or ask the patient a question. If the patient correctly answers, you can move to the next "chunk". If the answer is incorrect, explain the information again (i.e. teach-back method).

When the patients receive a large amount of information, they may have questions but if they wait until the end, they may not know how or forget to ask. This method provides an opportunity for the patient to ask questions and for the medical staff to clarify any misunderstandings right away.

Tool 5: Medication Communication- Brown Bag Medication Review

The Brown Bag Review is a practice that involves the patient to bring all their medicine and supplements in a bag for review during their clinical visit.

This can achieve the following goals:

— Answer any questions that the patient might have on medication.

— Confirm all medications that are being taken by the patient.

— Avoid medication errors and cross-interaction.

— Help patients to take medication properly.

What medicines should the patient bring?

— All prescription medicines.

— All over-the-counter medicines.

— All vitamins and health supplements.

— All traditional herbal medicine.

Remind patients to bring their medicines.

— Write a note on the appointment card.

— Mention it during the appointment reminder telephone call.

— Use posters or bulletin boards as a reminder.

— Mention it during medication refills.

— Provide personalized medicine bags.

A step-by-step process for Brown Bag Medication Reviews can be established in hospitals. The "AHRQ Healthy Literacy Universal Precautions Toolkit" recommends:

1. Remind the patients to bring all medicines

2. Set out all the medicines at the beginning of a outpatient clinic visit.

3. Praise the patients for bringing their medicines. And emphasize the importance of bringing their medicines at each visit.

4. Check all the patients' medicines.

5. Clarify medicine instructions with patients.

6. Update the medicines in the patient's medical record.

7. Provide patients with updated medicines lists.

8. Fee for "Brown Bag Medication Review"

Tool 6: Communicate with non-native English speakers

If the patient's mother tongue is not English, it can restrict access to the right health information. This is a major obstacle for patient-doctor communication.

The problem can be solved by offering language assistance:

● Identify the patients' language needs

— Design and place cards with various languages in obvious areas of hospitals. Patients can fill the cards as they visit clinics. This can help medical staffs identify which language the patient needs.

For example:

我需要 翻譯協助 I need translation assistance	Saya butuh bantuan terjemahan I need translation assistance	翻訳のヘルプが 必要です I need translation assistance
Mandarin	Indonesian	Japanese

— Record patients' language assistance needs in their first visit.

— Advocate patients' right, while includes access to language assistance service in health care.

● Provide language assistance service

— On site services are provided by translators who have received medical interpreter training

— Use telephone or synchronous remote translation services

— Train bilingual medical personnel to assist in translation services

Note:
Language translation or interpretation is usually provided by trained professionals in foreign countries. The following are not recommended to serve as medical interpreters: people who have not been trained in interpretation; patient's family members or friends, and underage children.

Fluent bilingual translators who are not trained in medical translation may misunderstand medical information and unintentionally cause undesirable consequences. Children should not act as translators to prevent harmful messages from some medical situations.

At the moment, medical translation and interpretation service are not yet common in Taiwan. International best practices can be used as a reference for future development plans.

● Written materials that should be translated

— Important text documents.

— Health education materials.

— Promotional posters, bulletin boards, and web pages.

Relative Resources

Tool	Source	Description	URL
Communication Self-Assessment	Agency for Healthcare Research and Quality	The communication evaluation form provided by AHRQ invites patients to provide feedback on the communication status after finishing the verbal communication, and used as the basis for improvement by the nursing staff.	https://www.ahrq.gov/health-literacy/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool4b.html
Communication Competencies for Clinicians	Agency for Healthcare Research and Quality	Provides a checklist for medical staff as a prompt when entering the ward to establish a friendly relationship between doctors and patients.	https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/strategy2/Strat2_Tool_5_Comm_Comp_508.pdf
Communication and Optimal Resolution (CANDOR) Toolkit	Agency for Healthcare Research and Quality	An example of a communication standard procedure that can be used immediately in the case of in-hospital injuries.	https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/candor/introduction.html
Help Patients Make Tough Decisions	Agency for Healthcare Research and Quality	An AHRQ researcher shares tips of patient communication as references for medical staff.	https://health.gov/news/blog/2017/06/help-patients-make-tough-decisions/
Crisis & Emergency Risk Communication (CERC)	Centers for Disease Control and Prevention	CDC's Crisis and Emergency Risk Communication (CERC) draws lessons from past public health emergencies and research in the fields of public health, psychology, and emergency risk communication. CDC's CERC program provides trainings, tools, and resources to help health communicators, emergency responders, and leaders of organizations to communicate effectively during emergencies.	https://emergency.cdc.gov/cerc/
Health literacy for clinicians	Australian Commission on Safety and Quality in Health Care	Providing tips to medical staff on how to assit people seeking medical care.	https://www.safetyandquality.gov.au/wp-content/uploads/2015/07/Infographic-Health-literacy-for-clinicians.pdf

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Book 2

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Verbal
Communication
Pack

Senior
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Navigation
Pack

Health Data
Pack

Ask Questions
Pack

Audio-Visual
Teaching Aids
Pack

Common challenges for Older Patients

- Difficulty in understanding health information and instructions.
- Unable to clearly read drug labels and precautions
- Difficulty in implementing self-care
- Problems in understanding one's disease and health profile.
- Unable to find suitable medical resources.

Any of the situations mentioned above can cause delay among older patients in seeking medical treatment, produce complications, and may even endanger their lives. It is important to provide and communicate health information suitable for older adults to maintain good health.

What can medical professionals do for them?

● Use appropriate communication methods with older patients

Physiological changes occur with aging, and it is important to make sure older patients understand the content of the health information. For example, use leaflets with larger fonts that are easy to read and make sure the surrounding environment is not noisy or disruptive. It is important to confirm their understanding, provide a friendly environment and easy-to-understand, easy-to-use information.

Note: It is not always easy to see if the older patients understand the information, because they may feel embarrassed to ask, have difficulty expressing their problems, or feel they do not have any communication difficulties. They may misunderstand the instructions of medical staff and make inaccurate judgment without realizing it.

● Confirm their understanding

Medical staff can use the Teach-Back or Chunk and Check techniques to ask the older patients to repeat the health information in their own words. Staff can also review their own materials to see if it is too difficult or complicated.

Who is suitable for "Senior Communication Pack"? How to use it?

- "Senior Communication Pack" can be provided to various medical professions, such as physicians, nurses, case managers, physiotherapists, occupational therapists, nutritionists, health educators, pharmacists, social workers, health bureaus, etc.
- Based on the needs of your older patients or hospital, you can select suitable tools from the pack.

Contents of the "Senior Communication Pack"

Tool 1 Communication for older patients with visual impairments

Tool 2 Communication for older patients with impaired hearing

Tool 3 Communication for cognitively impaired older patients

- Communication for older patients with visual impairments
  Focus on hearing functions, use a friendly tone, and improve the communication environment.

- Communication for older patients with impaired hearing
  Focus on face-to-face and visual aids, quiet environment, easy-to-read content, and verbal presentations.

- Communication for cognitively impaired older patients
  Focus on personalized communication, provide concise, easy-to-understand information, pay attention to emotional reactions, speak slowly, and create a good surrounding environment.

Tool 1: Communication for older patients with visual impairments

● Implementation point

1. Senior-friendly Printed Health Materials

— Use easyily readable fonts on a strongly contrast background

— Choose a large font size (at least 16 or 18 points)

— Align the text with a 3 cm border and use double-space between texts

— Forms should be simple-to-use and read

Example 1:

■ The design of this leaflet is simple and easy-to-understand, with clear text contrast and large line spacing.

Example 2:

■ To showcase text and graphs, colors can be used to help older patients understand their blood pressure level.

2. The webpage should be designed to be readable and easy-to-use

— The text should be simple and easy-to-understand. Important information appears at the top of the webpage. You can see the key information directly without scrolling down.

— The font size and webpage should take into account the reading level of older patients. The web design should be easy to operate and avoid including too many options and web links.

Example :

■ The design of this webpage is simple. The font size can be adjusted at the top level of the webpage. The information is presented in columns, and the topics and content are clear.

3. Use Dictation Software

— For older adults with sight issues, the text can be converted into audiovisual files to improve their user-experience

4. Individual needs must be taken into consideration.

— When appropriate, use assistive devices such as magnifying glasses, reading glasses and other age-related visual aids.

Example :

■ You can prepare reading glasses and/or magnifying glasses in high traffic areas such as the service desk or consultation room for the older patient to use freely.

Tool 2: Communication for older patients with impaired hearing

● Implementation point

1. Reduce environmental noise

— The meeting environment should be as quiet and noiseless as possible.

— Close the door or find a private space to talk.

— Provide a comfortable environment, such as a backrest chair.

2. Speak clearly

— The pace of speaking should be stable and clear. You can speak a little louder, but you should not be shouting or raising your pitch.

3. Use face-to-face communication skills

— Try to be as close as possible to the older patient for them to see your lips clearly

— Maintain eye contact.

— Do not cover your lips (it is recommended to avoid wearing a mask during communication) or eat/chew gum while talking

4. Ask the older patients what they have heard

— This is a very important step. This will help confirm the older patient's level of understanding and provide feedback to the medical staff to modify their use of words

5. Individualized needs must be taken into account.

— Use hearing aids if necessary, but the patient's willingness must be taken into consideration.

Example :

■ Pay attention to any interferences in the environment when communicating with the patient. Chunk-and-check and teach-back are useful techniques.

■ Confirm the older patient's understanding and have the medical staff check whether the information and assistance provided are sufficient and complete.

只有散步喔，一週兩次，一次十分鐘是不夠的

2:16 / 6:17

Tool 3: Communication for cognitively impaired older patients

● Implementation point

1. Repeat important messages

— Use simple sentences to clearly express the key points.

— Avoid using metaphorical sentences and unclear pronouns.
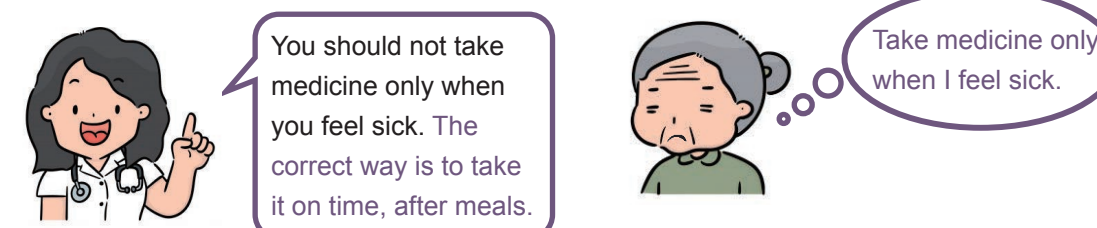
2. Make the details clear

— Tailor-made medical instructions to personal needs

— Instructions on how and when to take the medication should be clearly listed

3. Emphasize the end goal

— Be direct and avoid listing what cannot be done to avoid confusion

— Avoid the strategy of "busting and clarifying myths"

Example :

☒ Avoid busting and clarifying myths to prevent misunderstandings.

You should not take medicine only when you feel sick. The correct way is to take it on time, after meals.

Take medicine only when I feel sick.

☑ Speak directly, clearly and plainly.

Take your medication after meals.

Take medicine after three meals!

■ If the strategy of "busting and clarifying myths" is adopted, the medical staff will first mention the myth "take medicine only when you feel uncomfortable". However, the older patient may be confused and only remember the phrase "take medicine only when you feel uncomfortable", rather than the follow-up clarification information.

4. Use concise and clear language

— Use direct and clear language.
— Start with the most important item
— Explain and clarify each part

5. Avoid stress and fatigue

— Observe the emotions of the older patient to avoid information overload.
— Cognition may not always be the root cause of the issue, as the disease progression may also impair senior judgment.
— When using aids or reminders, consider the ability of the older patients to use such aids or think abstractly.
— Have family members accompany the older patient to avoid stress.
— Start with the most important items and avoid causing the older patient to feel physically weak.

6. Individual needs must be taken into consideration

— Clarify and provide assistance in response to individual needs, instead of just providing assistive devices and supplementary resources (it may not be possible to use complicated assistive devices).
— Use written information that can help memorization, such as booklets, leaflets.

7. Give the older patient enough time to think and learn

— Allow for sufficient time to explain, or else the ability of the older patient to digest the information will be reduced

8. Use assistive techniques to enhance the meaning of the message

— Including using physical gestures, postures, or visual aids.

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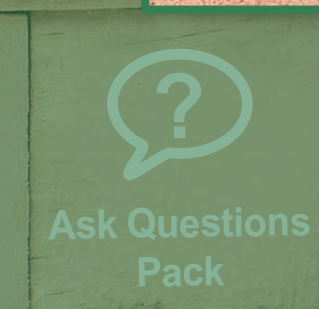衛生福利部國民健康署健康九九網站(2018)。健康E點靈(銀髮篇)。取自https://health99.hpa.gov.tw/educZone/edu_detail.aspx?CatId=22060

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Book 3

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👤 Difficulties in getting around hospitals or looking for information

- ● Where is the hospital? How do you get there?
- ● How do I find the hospital admissions / registration counter?
- ● I can't read the signs
- ● What is an MRI room?

The hospital is a place that is complicated and unfamiliar to the general public. People seeking medical care often lost their ways or become confused when they visit the hospital. Where do I go? How do I get there? Who can I ask? What am I supposed to do? These are the questions on everyone's minds.

👤 Reasons to use the "Navigation Pack"

This guide was created to provide best practices and recommendations for hospitals with the aim to help people easily access health information and navigate their hospital visits smoothly.

👤 Who can use this pack, and during what situation

- ● Frontline health workers with direct patient contact and the general public (i.e., front desk staff, nurses, physicians, health educators, dietitians, pharmacists, and other personnel)
- ● Relevant departments such as medical waste management, administration, operations

The channels of information for hospital navigation starts from outside the organization, including the hospital website, automated phone menus, leaflets, hospital maps, outdoor entrance signs, etc. Navigating the hospital and health information is not only for patients, but for hospital staff as well. The system can only function if they are easily accessible and understood by the general public.

👤 Contents of the "Navigation Pack"

Tool 1	Hospital Direction Information	**Tool 5**	Hospital Maps and Navigation Aids
Tool 2	Hospital Entrance Guidance	**Tool 6**	Hospital Signs and Symbols
Tool 3	Hospital Lobby Guidance	**Tool 7**	Hospital Department Guidance
Tool 4	Hospital Guiding Personnel	**Tool 8**	Health Information and Service Guidance

Tool 1: Hospital Direction Information

Travelling to the hospital is the first step in medical treatment. The Patient Information Guide of the hospital should be provided through multiple channels, at the same time be easy-to-use and easy-to-understand.

● Telephone

Calling is a popular method for people seeking medical care. This interaction is crucial as it determines the first impression of the hospital by the caller.

Friendly Telephone Response Guide:

— 24/7 Dedicated telephone service

— In addition to the automated voice system, there needs to be a dedicated live service option to answer questions

— Provide an option to repeat the prompt

— Provide a variety of languages

— Tone of voice

  ☑ Be clear and concise

  ☑ The speed should be well-paced

  ☑ Plain language should be used

  ☑ Kind and friendly tone

— The telephone staff should be able to answer general questions such as providing directions on where to go, how to get to the hospital through public transportation and more.

● Website

The internet is gradually replacing the telephone as a convenient way to search for medical information. A user-friendly web design allows medical personnel and the general public to quickly find the information they need.

User-friendly Website:

— Link the hospital webpage with search engines

— Design webpages to be mobile/tablet-friendly

— List the hospital information clearly on the home page (i.e., address, phone number, traffic directions, map, etc.)

— Traffic directions should include:

  ☑ Directions for driving to the hospital

  ☑ Parking information

  ☑ Information about public transportation

  ☑ Link to a map (i.e., Google Maps)

— The website design and layout are simple and clear, with clear visuals and language

— Provide a Chinese/English version (support other languages if necessary to serve other populations)

— Selectable font sizes which can be used for those with visual deficiencies

— Provide the option to print hospital direction information

Example:

People can find information about the hospital easily on the homepage.

Retrieved from http://hlm.tzuchi.com.tw/

Tool 2: Hospital Entrance Guidance

Medical institutions and hospitals have many entrances. Outpatient clinics, hospital wards, and emergency rooms are areas with high foot-traffic by the general public. If there are no clear navigation aids, first-time visitors to the hospital can easily lost their ways.

Friendly Hospital Entrance Guide:

— The name of the institution is clearly visible on the outside of the building

— Different buildings should have clear and visible names on the outside
   to help the public know where to go

— The hospital entrance sign should be easily seen from the main street

— Each entrance must be marked

— The words and symbols should be easy to understand

Example:

People on the main street outside of the hospital should be able to see the entrance signs of various buildings.

Taipei Medical University's Hospital has sign posts outside to help guide the public.
Retrieved from https://www.google.com.tw/maps/

Tool 3: Hospital Lobby Guidance

It is usually stressful for individuals to come to a hospital. Clear navigation guidance in the lobby can provide a friendly welcome to visitors, creating a comfortable environment.

Friendly Hospital Lobby Guide:

— Friendly and welcoming signs and slogans

— Large floorplan on the wall with the current position clearly marked

— Clearly marked information desk

— Display artworks from different cultures to represent the different ethnic
   groups served by the hospital

— Service units and departments are clearly marked (such as the
   registration desk, pharmacy, etc.)

— Self-serve information kiosks (with clear, simple instructions for visitors)

Example:

There is a clear sign at the medication counter for visitors

The pharmacy counter at Hualien Tzu-Chi Hospital.
Retrieved from https://hlm.tzuchi.com.tw/drug/index.php/team-introduction/2017-06-07-06-13-25/2017-06-07-06-13-21

Tool 4: Hospital Guiding Personnel

Volunteers play an important role in today's hospitals, providing vital human connection with visitors.

Friendly Hospital Volunteers Guide:

— Place volunteers or service personnel at the main entrance or service counters

— Service personnel should be clearly marked (i.e., uniforms, vests, IDs)

— Provide a visitor map

— Train volunteers to escort patients with special needs
 (i.e., patients with dementia, etc.)

— Create a directory of volunteers or service personnel that can assist with translation needs

Tool 5: Hospital Maps and Navigation Aids

A well-designed, easy-to-understand hospital maps and visitor routes are important for a patient's visit. The navigation aids should include the entire hospital layout and floor plan of each building.

Friendly Hospital Navigation Aids:

— Appropriately list the locations on the map

◎ Display map of the entire hospital at main entrances and exits

◎ Floor plans should be placed in stairways, main entrances/exits and elevators

◎ The entrance/exit of each floor should include a floor layout.

— Every hospital map should include a sign of current location (e.g., "You are here"). If colors are used to indicate different spaces, then the colors on different maps should be consistent; if the actual building or spaces are indicated in different colors (e.g., colors of the walls and floor), then the map should reflect the colors of the actual space as well.

— Signs and department names should be consistent throughout the building

— The text and signs should be easy-to-understand and familiar to visitors

— Hospital maps and visitor routes should be clearly displayed on the hospital websites

— Install self-service information kiosks with a search function

— Provide all navigation aids in different languages

Example:

The space is distinguished by color which can help visitors find their destination easily.
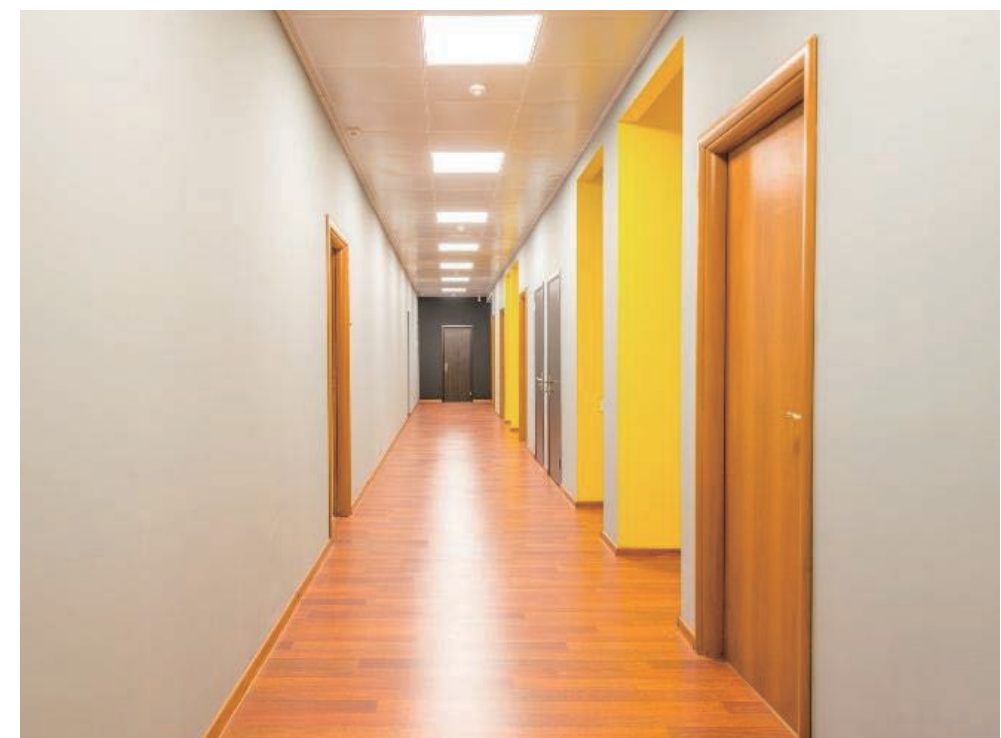
Tool 6: Hospital Signs and Symbols

Signs and symbols are an important part of the guidance system in medical institutions. As scale of the institution grows, the information may become over abundant. In this case, clear and easy-to-understand symbols can be effective for patients navigating the hospital visit and reducing their stress during movement.

Friendly Telephone Response Guide:

— Use consistent names, symbols, images

— The fonts and icons should be large and clear

— Common words should be used to avoid abbreviations and technical jargons

— Each service unit/department must be clearly marked

— The marked location should be clearly visible

— In addition to Chinese, different language options can be included based on user needs (For example: English)

— There are accessible signages for visually-impaired patients

Example: Emergency exit signs have Chinese characters, English text, arrows and icons.

Tool 7: Hospital Department Guidance

Visitors may travel to various areas of the hospital, such as outpatient clinics, laboratory departments, drug collection units, etc. How can we make their visit easier?

Friendly Hospital Departments:

— Departments should be clearly labeled

— The registration procedure should be concise and easy to understand

— Reminders for patients should be displayed in obvious area and easy to understand

— Medical workers or hospital volunteers can assist the patients with completing medical documents as needed

— Provide language services when needed (i.e., translated vital documents or provide oral translation)

— Provide assistive devices for older adults (i.e., reading glasses, hearing aids)

— After the patient finishes their visit, the staff or volunteers can help guide them to their next destination

Example 1 : A clear and visible department sign

Radionuclide Therapy Ward, Shuang-He Hospital, MOHW
Retrieved from https://shh.tmu.edu.tw/page/CenterAbout.aspx?deptCode=86E0

Example 2 : Clearly marked Registration Area

A location guide to Chi Mei Hospital's clinics
Retrieved from http://www.chimei.org.tw/main/cmh_department/54120/map/cmh772A_1.html

Tool 8: Health Information and Service Guidance

In additional to providing medical treatment, hospitals are also an important place to obtain health information. Institutions should have health education materials for visitors.

Friendly Health Information Guidance:

— A physical space for health education materials (i.e., waiting room, visitor library, corner of resting spaces)

— Information Resources:

◎ Self-service Information Kiosks (provides drug information, navigational aids, medical information, etc.)

◎ Free Health Information Open-display racks

◎ Audio-visual playback equipment

— Electronic information must have clear instructions for visitors.

— Hospital Website should include health education materials or referrals to where they can find more information.

— Hospital cafeterias or food courts should provide nutrition labels on all foods for the general public.

Relative Resources

Tool	Source	Description	URL
Sample Automated Telephone System Menu	Agency for Healthcare Research and Quality	The menu template of an automated telephone service system for hospitals	https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.pdf
Automated Telephone Reminders: A Tool to Help Refill Medicines On Time	Agency for Healthcare Research and Quality	A template for establishing an automated telephone voice system to remind patients to refill their medication	https://archive.ahrq.gov/research/findings/factsheets/tools/callscript/pharmacy-call-scripts.html
Improve the Usability of Health Services	Department of Health and Human Services	Improving the navigation of the medical system: medical documents, labelling, navigation aids	https://health.gov/communication/literacy/quickguide/Quickguide.pdf
The Health Literacy Environment of Hospitals and Health Centers	National Center for the study of Adult Learnung and Literacy	Assist hospital leaders to consider health literacy environment in their facilities and analyze how they can re-design to better serve patients	https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/healthliteracyenvironment.pdf
The Health Literacy Environment Activity Packet: First Impressions and A Walking Interview	National Center for the study of Adult Learnung and Literacy	Four hands-on activities to help medical staff consider health literacy environment of their workplaces. This includes phone calls, entrance walks, website reviews, and walking interviews.	https://cdn1.sph.harvard.edu/wp-content/uploads/sites/135/2012/09/activitypacket.pdf
Fact sheet 3: Making way-finding easier	National Safety and Quality Health Service	Assist medical administrators in checking how easily navigable their hospital is.	https://www.safetyandquality.gov.au/wp-content/uploads/2017/07/Health-Literacy-Fact-Sheet-3-Making-way-finding-easier.pdf

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◎DeWalt, D. A., Callahan, L. F., Hawk, V. H., Broucksou, K. A., Hink, A., Rudd, R., & Brach, C. (2010). Health literacy universal precautions toolkit. Rockville, MD: Agency for Healthcare Research and Quality, 1-227.

◎Abrams, M. A., Kurtz-Rossi, S., Riffenburgh, A., & Savage, B. A. (2014). Building health literate organizations: A guidebook to achieving organizational change. Journal of Research and Practice for Adult Literacy, Secondary, and Basic Education, 69.

Book 4

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Verbal
Communication
Pack

Senior
Communication
Pack

Navigation
Pack

Health Data
Pack

Ask Questions
Pack

Audio-Visual
Teaching Aids
Pack

Difficulties that patients may encounter when understanding health data

- Unable to understand what "risk" is
- Difficulty understanding medical test results and health records
- Finding it impossible to calculate calories, drug dosage, and nutritional servings

Compared with other health information, health data is very complex and abstract. It may require a higher degree of health literacy to understand the meaning represented by the health data. Understanding health data (i.e., health risks) is important for patients to actively engaged in shared decision-making and self health management.

What can you do as a healthcare professional?

- Reduce the use of numerical values as much as possible. Only use it when necessary.
- Try to illustrate abstract values with easy-to-understand text or visuals
- Use visuals to illustrate risks
- Avoid asking the patient to calculate

Healthcare professionals needs to express health data in another way for the patient to easily understand the meaning of the values. This will help the patient make decisions about their health.
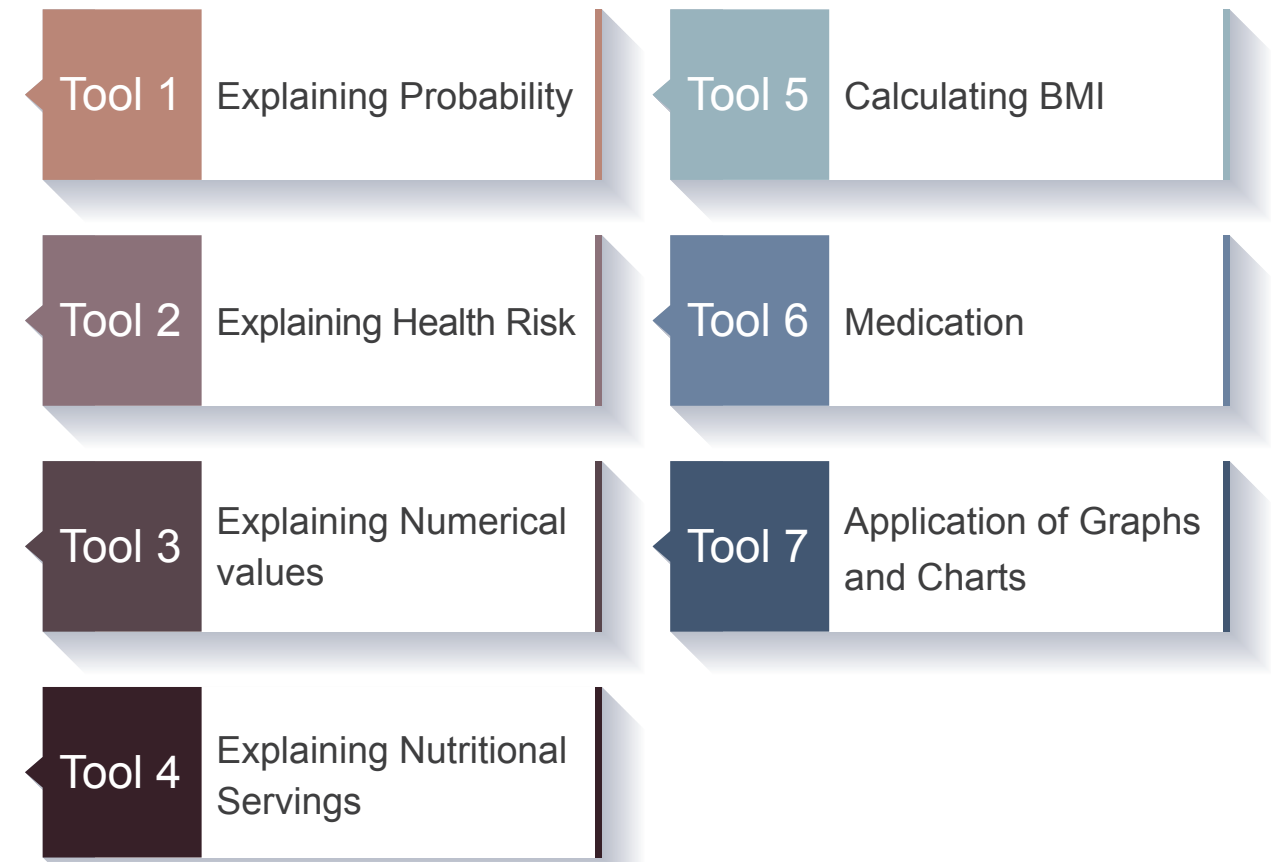
Usage of the Health Data Pack

The "Health Data Pack" tool can help healthcare professionals effectively use numerical values in health services. This will help the patients and the public to understand the meaning behind the numbers, units, statistics and graphs in a simple manner.

What materials are included in the "Understanding Health Data" Toolkit?

Tool 1	Explaining Probability	Tool 5	Calculating BMI
Tool 2	Explaining Health Risk	Tool 6	Medication
Tool 3	Explaining Numerical values	Tool 7	Application of Graphs and Charts
Tool 4	Explaining Nutritional Servings		

Who should use this guide?

- Frontline workers with direct patient contact and the general public (i.e. front desk staff, nurses, physicians, health educator, nutritionists, pharmacists, government workers and other personnel)
- Relevant departments that develop, write, edit, design and review media releases, health information/education materials

How do I use this tool?

You can choose suitable methods and techniques that can be applied to your work through oral/written communication. In this tool, you will find examples that are referenced to the resource link.

Tool 1: Explaining Probability

● **It is easier to understand numbers (ratios, proportions) instead of percentages**

Example 1:

☒ Percentages are often abstract and difficult to understand:

The incidence of lung cancer among women in Taiwan is about 0.03%

☑ Numbers (ratios, proportions) are easier to understand:

3 out of every 10,000 women in Taiwan get lung cancer

Example 2:

☒ Using percentages to describe data: The probability of diabetic patients who develop kidney disease is approximately 30-50%

☑ Using numbers (ratios, proportions) to describe data: Among 100 diabetic patients, 30-50 people will develop kidney disease. Poor diabetic control can affect the cells in the kidney negatively.

> Note: When describing probability with numbers or ratios, the denominator should be same throughout the material.

Example: In the same probability, there are 1 in 10 people, 10 in every 100 people, and 100 in 1000 people. Based on the ratio, readers may have a different interpretation of the values.

● Using text to describe numbers

Sometimes text like "more, less, etc." are accompanied with the numbers to help explain the meaning. It is important to remember that text is more subjective, and it should not replace the numbers.

Example: Explanation on the efficacy, price comparison and side effects of oral medication for diabetes.

Metformin has a good effect on lowering blood sugar, is low in price, doesn't cause weight gain and can reduce the incidences of cardiovascular disease and mortality. It has fewer side effects in causing lactic acidosis (about 4.3 cases per 100, 000 people).

● Using visuals to illustrate probability

Describing probability with only numbers and mathematical symbols can be difficult for the audience to understand. Visual aids can help explain abstract concepts easier.

Example 1: Using visual dots to help people visualize the risk of nephropathy in diabetic patients.
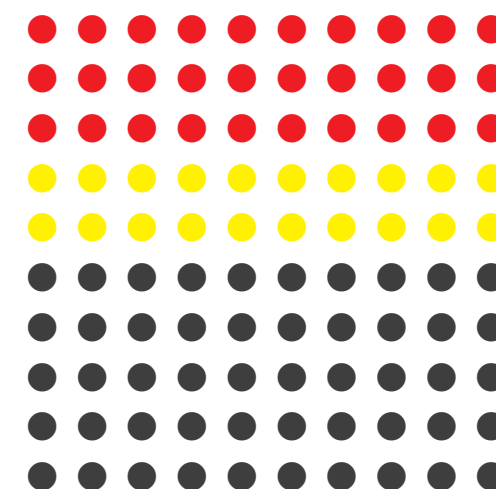
In the image on the left, 30-50 out of 100 diabetic patients will develop kidney disease.

Example 2: Using visual dots to help people visualize the risk of neuropathy in diabetic patients after 20 years.

In the image below, 7.5 out of 100 of patients newly diagnosed with diabetes will have neurological problems
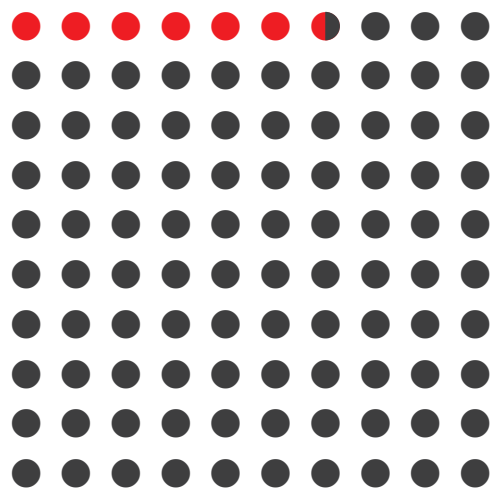
In the figure below, 45-60 out of 100 diabetic patients will have neurological problems in 20 years
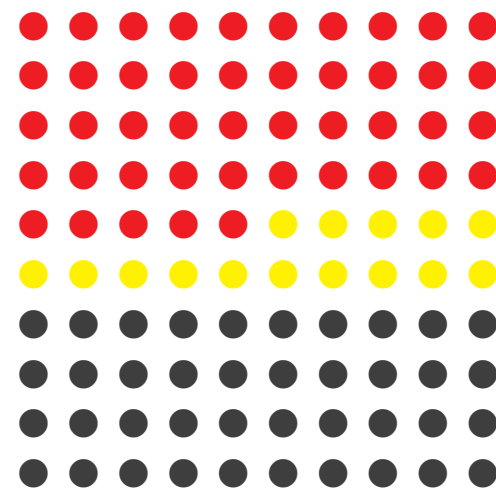
Tool 2: Explaining Health Risk

● Describe the nature of the risk

Health information should state the nature of the risk and explain to the audience what the actual threat is, and how they are threatened. The cause-and-effect relationship should be clearly explained so the audience can evaluate the significance of the risk themselves, and how they will be affected.

Suggested content:
■ Will it have a temporary or long-term impact on my daily life?
■ Will this be a minor or severe inconvenience?
■ What would happen if I failed to act upon what was recommended?
■ Will I get sick or die because I failed to follow the recommendations?
■ If my dangerous behavior is only one-time, is my probability of risk the same as those who have done it repeatedly?

Example 1:
Smoking and air pollution are important factors that can cause lung cancer. 8 out of 10 people who have lung cancer are current/former smokers. This means that if you are currently smoking, you have a higher chance of developing lung cancer than non-smokers.

Example 2:
Patients who have taken a low-dose aspirin for more than ten years have an incidence rate of heart attack as side-effect in approximately 8 out of 100 people; the remaining 92 people will not experience heart attack. Patients who have used the standard dose of Aspirin for more than ten years have less side effects than those who use low doses:about 6 out of 100 people will have a heart attack; 2 people will not have heart attack due to use of medications, and the remaining 92 people will not experience heart attack.

● Explain the benefits/risks of the proposed treatment options

The benefits/risks that patients and people feel about the recommended treatment options may be different from those experienced by healthcare professionals. Individuals need to fully understand the benefits/risks to make appropriate medical decisions.

Example:
Mammography is a tool that looks for signs of breast cancer. It can cause temporary discomfort (risk) to the patient, but it can detect very small tumors. Although there will be temporary discomfort (risk) during the examination, this examination can detect very small changes that even you or your doctor would not be able to feel them. Early detection is beneficial as it can lead to early diagnosis and treatment.

● If the expression of risk requires the use of probability, please refer to [Tool 1: Expressing Probability]

Tool 3: Explaining Numerical Values

Numerical values often have symbols such as ≧ (greater than or equal to), ≦ (lesser than or equal to), which can create misunderstanding. This tool can help people easily understand the meaning of the value.

Example 1: Blood Pressure Traffic Light

※ Using graphics (i.e. traffic light) to describe numerical values

Blood Pressure: Greater than or equal to 140/90 mmHg

Blood Pressure：120 / 80-140 / 90 mmHg

Blood Pressure: less than 120/80 mmHg

※ Using adjectives to describe numerical values

Blood Pressure: Greater than or equal to 140/90 mmHg

Blood Pressure：120 / 80-140 / 90 mmHg

Blood Pressure: less than 120/80 mmHg

※ Using graphics and adjectives to describe numerical values

Hypertension: Greater than or equal to 140/90 mmHg

Pre-hypertension:120/80 - 140/90 mmHg
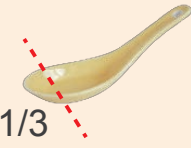
Normal Blood Pressure: less than 120/80 mmHg
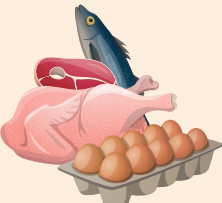
Tool 4: Explaining Nutritional Servings

Nutritional servings seem relatively simple to understand (i.e. "eat five fruits and vegetable every day") but it is actually a very abstract concept. Use clear descriptions, pictures, icons, or symbols to help describe nutritional information.

● **Illustrate the five food groups and their recommended servings with graphics and descriptions**

Example :

Food Group	Serving Conversion (1 serving)	Simple measurement Tool
Dairy	✓ 1 cup of milk(240ml) ✓ 2 slices of cheese	240ml
Fruits	✓ 3/4-1 bowl;(240ml) ✓ 1 orange ✓ 13 grapes ✓ Half a banana ✓ Fist-sized apple/ guava	240ml
Vegetables	✓ 1/2 bowl of boiled vegetables(120ml)	120ml
Grains	✓ 1/4 bowl of rice ✓ 1/2 bowl of rice porridge ✓ 1/2 slice of toast ✓ 3 tbs of oatmeal ✓ 10 small dumplings ✓ 1/2 bowl of noodles (cooked)	240ml

Food Group	Serving Conversion (1 serving)	Simple measurement Tool
Protein	✓ 1 egg ✓ 2 pieces of tofu ✓ 1 chicken wing or 2/3 drumsticks ✓ 1 tael of fish (37.5g) ✓ 1 cup of soy milk ✓ 1/2 palm-sized piece of meat	
Fats & Nuts	✓ 1 tsp or 1/3 tbs of oil ✓ 5 pieces of almonds/cashews ✓ 1 slice of bacon ✓ 2 tsp of mayonnaise ✓ 15 pistachios ✓ 2 tbs of peanut powder	1/3

● **Resource Link:**

Resource 1: HPA Healthy Eating Standards 2018

https://www.hpa.gov.tw/Pages/Detail.aspx?nodeid=543&pid=8382

Resource 2: Food Substitution Chart 2018

Tool 5: Calculating BMI

Providing the calculated BMI is more useful than asking the audience to calculate the information by themselves. Avoid as much calculation as possible.

● **BMI Table**

By using the height and weight, you can quickly find the person's BMI

height \ Weight	45.5	47.7	50.0	52.3	54.5	56.8	59.1	61.4	63.6	65.9	68.2	70.5	72.7	75.0	77.3	79.5	81.8	84.1	86.4	88.6	90.9	93.2	95.5	97.7
152.4	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
154.9	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	36	37	38	39	40
157.4	18	19	20	21	22	22	23	24	25	26	27	28	29	30	31	32	33	33	34	35	36	37	38	39
160.0	17	18	19	20	21	22	23	23	24	25	26	27	28	29	30	31	31	32	33	34	35	36	37	38
162.5	17	18	18	19	20	21	22	23	24	24	25	26	27	28	29	30	30	31	32	33	34	35	36	36
165.1	16	17	18	19	20	20	21	22	23	24	25	25	26	27	28	29	30	30	31	32	33	34	35	35
167.6	16	17	17	18	19	20	21	21	22	23	24	25	25	26	27	28	29	29	30	31	32	33	34	34
170.1	15	16	17	18	18	19	20	21	22	22	23	24	25	25	26	27	28	29	29	30	31	32	33	33
172.7	15	16	16	17	18	19	19	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	32	32
175.2	14	15	16	17	17	18	19	20	20	21	22	22	23	24	25	25	26	27	28	28	29	30	31	31
177.8	14	15	15	16	17	18	18	19	20	20	21	22	23	23	24	25	25	26	27	28	28	29	30	30
180.3	14	14	15	16	16	17	18	18	19	20	21	21	22	23	23	24	25	25	26	27	28	28	29	30
182.8	13	14	14	15	16	17	17	18	19	20	20	21	21	22	23	23	24	25	25	26	27	27	28	29
185.4	13	13	14	15	15	16	17	17	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27	28
187.9	12	13	14	14	15	16	16	17	18	18	19	19	20	21	21	22	23	23	24	25	25	26	27	27
190.5	12	13	13	14	15	15	16	16	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26	26
193.0	12	12	13	14	14	15	15	16	17	17	18	18	19	20	20	21	21	22	23	23	24	25	25	26

■ Underweight   ■ Normal   ■ Overweight/Obese

Note: Instructions on how to use the table should be provided
For example:
Use the left column to find your height (i.e. 160 cm), and the top row to find your weight (70.5 kg). Where the two points intersect is your BMI (i.e. 27). In this example, the BMI 27 is in the red zone which means you are in the overweight/obese category.

● **Using a QRcode**

You can use QR Codes to link BMI Index tables for children/teenagers and adults. It is important to confirm the validation of the link before sharing.
Example: BMI Calculation Method

Tool 6: Medication

Use graphics to explain when, how much and how to take medication. The images used should be relatable to everyday understanding. Avoid unfamiliar and confusing images.

Morning	Noon	Evening	Before meal	With meal	After meal	Before bed
Half a tablet	1 tablet	2 tablets	Nose	Eyes	Ears	Skin

Picture taken from FLATICON https://www.flaticon.es/

Tool 7: Application of Graphs and Charts

● **Use a bar graph to illustrate the correlation between age, type of exercise, and targeted heart rate.**

Bar graphs can simplify complex numerical information, but it is important to include text explanations and examples.

Example : Recommended range of targeted heart rates for exercise

📎 The original numerical information is not easy to understand.

Table: Range of recommended targeted heart rates for exercise, age 20 to 80 years							
年 齡	20	30	40	50	60	70	80
輕度運動心率	<120	<114	<108	<102	<96	<90	<84
中度運動心率	121-170	115-162	109-153	103-145	97-136	91-128	85-119
強度運動心率	171-180	163-171	154-162	146-153	137-144	129-135	120

計算公式為: (220-年齡)*60%~80%

(Table：Range of recommended targeted heart rates for exercise, age 20 to 80 years)

📎 The recommended range of exercise heart rates for age 20 to 80 years are presented as a bar graph, supplemented with examples for easy understanding.

運動心率對照表

	20歲	30歲	40歲	50歲	60歲	70歲	80歲
強度運動	180	171	162	153	144	135	126
中度運動	170	162	153	145	136	128	119
輕度運動	120	114	108	102	96	90	84

■ 輕度運動　　■ 中度運動　　■ 強度運動
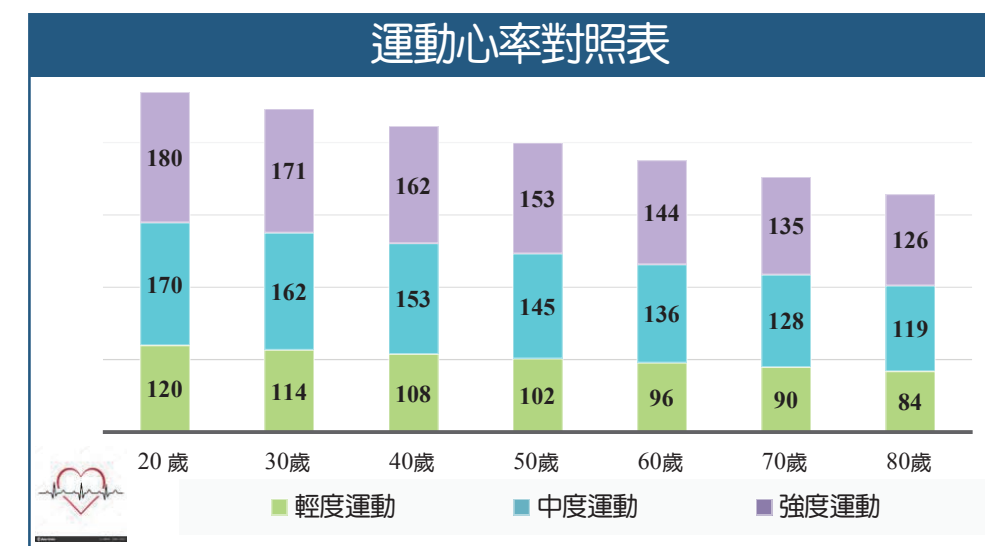
(Targeted Heart Rates for Exercise)

Note: The bar graph compares different heart rates for different age groups and exercise intensity levels. If you exercise at age 40 and your heart rate exceeds 162 bpm (purple block), it is considered high intensity. If your heart rate is 152 bpm (green block), it is considered low intensity (and so on).

Links to relevant resources

Name of Tool	Provider	Description	URL
Translate Data Into Information	Agency for Healthcare Research and Quality	This tool describes how to convert health report data into simple and easy-to-read text to improve understanding.	https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/translate/index.html
Communicating Numbers to Your Patients: A Reference Guide for Health Care Providers	Agency for Healthcare Research and Quality	This tool provides medical staff with ways to help patients understand numbers so they can understand their health conditions better. This will help patients make clear and informed medical decisions.	https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-5/share-tool5.pdf

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◎古鯉榕（2018）·臺灣各縣市中高齡糖尿病病人眼底檢查率與失明率之相關性研究·健康科技期刊，2018，93-101。DOI: 10.6979/TJHS.201812/SP.0009

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◎社團法人中華民國糖尿病學會（2018）。2018糖尿病臨床照護指引。台北市：晨星。

◎亞尼活力（2018）。食物升糖指數GI值與熱量表。取自https://www.yannigo.com/baike-detail/5/10/166

◎李和惠、沈燕芬、楊美伶(2015)。內分泌與代謝障礙病人之護理。內外科護理學上冊，第五版，1035–1077。

◎宜蘭冬山鄉衛生所（2014）。衛教宣導。取自http://don.ilshb.gov.tw/index.php?catid=23&cid=1&id=8&action=view

◎葉峻榳（2018）。施打胰島素的正確姿勢。取自https://chunting.me/optimal-timing-and-dosage-of-insulin-injection/

◎衛生福利部統計處(2017)。105年死因統計結果分析。取自https://dep.mohw.gov.tw/DOS/lp-3352-113.html

Book 5

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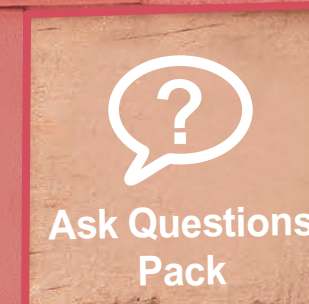Tzu Chi University

Verbal
Communication
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Senior
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Ask Questions
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Teaching Aids
Pack

Challenges Patients May Face During Clinical Visit

- They are afraid to ask questions
- They are unsure what they need to know
- They are unable to express their concerns accurately

Patients may be faced with complex medical situations that involve decision-making. When there is a gap between the patient's expectations and treatment results, disputes are likely to arise.

What can I do to help as a healthcare provider?

- **Provide a Question Prompt Lists for patients and family members**

  Patients tend to suppress their opinions and concerns around authoritative medical professionals. Several tools such as Question Prompt Lists (QPLs) have been developed by local and international health institutions to improve the public's ability to ask questions about their medical treatment. Healthcare providers can provide QPLs to patients as a way to affirm the patient's rights to autonomy. QPLs act as a communication bridge between medical professionals and patients, conveying the patient's values and healthcare needs to medical professionals.

- **Ask patients what they want to know**

  Healthcare professionals should provide QPL to patients to check whether the information given is sufficient and understood. Good doctor-patient communication can improve the patient/family caregivers' understanding and decision-making skills and reduce potential conflicts in opinion about medical care.

Who can use the "Ask Questions Pack?" How to use it?

The "Ask Question Pack" can be used by:
- Frontline workers with direct patient contact and the general public (i.e. nurses, physicians, health educators, nutritionists, pharmacists, social workers, and other personnel)
- To use this guide, you can select the suitable tool in the package, or refer to its key contents to customize and develop more suitable tools for your unit/department needs.

Contents of the "Ask Questions Pack"

- **Domestic/Foreign Question Prompt Lists**

  The question prompt list (QPL) is a structured list composed of many questions for the patient (i.e. "Do I need another examination? Why did I get this disease?"). The questions were compiled from literature reviews, observations, records and/or patient interviews, and streamlined by expert discussions. QPL prototypes have been tested and revised for improvements by organizations. These domestic/foreign QPLs can be downloaded and printed by the patients themselves or provided by the medical staff.

- **Matters requiring patient's attention before and after a visit to the doctor**

  In this package, you will find many tools that can help you prepare before and after a visit to the doctor, and what to do if any problems occur.

- **Media material that advocates the "ask question" culture**

  Media materials includes posters, brochures, videos, etc. that can be used around the hospital/clinic. Visual prompts are used to promote and foster an environment for patients to ask questions about their medical problems.

[1] These online resources come from credible and professional sources such as the Health Promotion Administration, Ministry of Health and Welfare, Taiwan; Agency for Healthcare Research and Quality(AHRQ);Institute for Healthcare Improvement(HI);The Joint Commission and the Australian Commission on Safety and Quality in Health Care(ACSQHC).

## Tool 1: Domestic/Foreign Question Prompt Lists

In order to bridge the gap between the public and healthcare providers, local and international health institutions have been actively developing "Question Prompt Lists (QPL)" as a communication tool for patients. The main purpose of this tool is to help patients ask the doctor questions during their visits. The list includes common questions that patients may want to ask when seeking medical care and clarifies complicated topics, which will improve the overall doctor-patient communication.

1. QPLs for General Outpatient Clinics (Family Medicine)

This is a general QPL that divides the patient's medical appointment into four main purposes:
- Emerging health problems
- Existing diseases/health conditions
- Health check-up & understanding the health report
- Vaccinations

Each of the four categories has a separate sub-QPL. Each sub-QPL has 7 questions, making a total of 28 questions. It is recommended that the patient is given 10 minutes before the appointment to read over the QPLs, check the top 3 questions they want to ask, and bring the QPL into the appointment to ask the doctor.
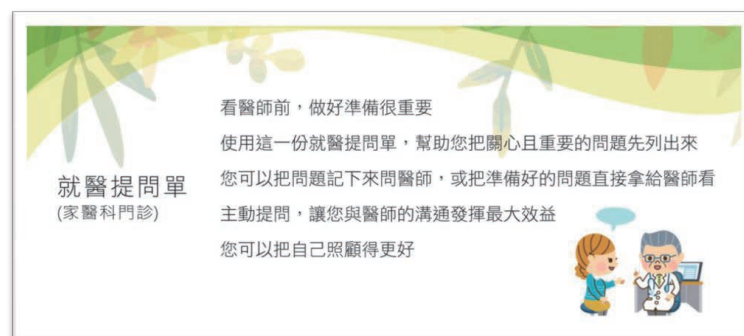
Type: Leaflet
Issue: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: https://health99.hpa.gov.tw/material/2163
Applicable for: Family Medicine, General Outpatient Clinic

2. QPLs for Surgeries

When patients are told they need surgery, common reactions often involve shock and anxiety. Patients (particularly middle-aged and older adults who undergo high-risk surgeries) often do not know how to ask questions, as the complexity of the surgical procedures and pre-cautions are already a huge burden upon the patients. Providing a Surgical QPL during the pre-operative consultation can increase patient participation, promote reflective thinking, and prepare them for the expected/unexpected results after surgery.

This is a Surgical QPL developed in Taiwan that covers important information that patients need to know before, during and after surgery:
- Before surgery: What treatment options are available?
- During surgery: How is the operation performed?
- After surgery: How will I feel after the operation?

The QPL has 5-6 questions under each category, with a total of 16 questions. It is recommended to provide a checkbox option for the patient to tick off as they read the QPL. Patients should also be allowed to bring any additional questions that are not on the list to the office to discuss with the doctor.

Type : Leaflet
Issue : Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source : https://health99.hpa.gov.tw/material/2162
Applicable for : Patients who are considering surgery, undergoing surgery, or want to learn more about surgery

3. Digital QPLs

To help patients/families prepare for their medical appointment, QPLs can be set up on the hospital's/clinic's web page. Digital QPLs are advantageous because they are not limited by time or physical space. They can be used right from the patient's home, improving convenience.

Example 1: The Question Builder APP developed by the United State's AHRQ

The Question Builder app is available the institution's webpage. Patients and caregivers can select or create questions to ask, based on the purpose of the medical appointment. There are four reasons they can select from:

⬤ Discuss current/emerging health issues

⬤ Taking/changing medication

⬤ Conducting medical tests

⬤ Discuss surgical options

Based on the patient's purpose for their medical appointment, the app will open to the relevant QPL. Each purpose has around 8-13 questions that the patient can choose to customiz efor their appointment. After the patient has selected all relevant questions from the list, the app will ask the patient to narrow down to top 3 questions. This will be summarized and printed as a form that the patient can use during the appointment. It will also include the additional questions that the patient has selected, and blank fields for the patient to write down notes.

Example 2: Australia's ACSQHC Question Builder

This digital tool is suitable for patients who would like to prepare and discuss with their doctor about new symptoms, medical examinations, chronic disease management, medications, medical tests or surgical operations. The Question Builder guides patients through a series of steps to prepare for their appointment. The steps are as follows:

⬤ **Choose the type of appointment:** (1) General department: a. Routine check-up b. New symptoms c. Follow-up, (2) Specialist: a. First-time Visit b. Follow-up

⬤ **Choose the questions you want to ask:** There are about 30-40 questions for each type of consultation, including self-assessment, medical tests, treatment methods, self-management... and other related questions.

⬤ **Highlight the most important question:** Users will be asked to prioritize which question they want to ask first to make sure the most important questions are answered during the limited appointment time.

⬤ **Doctor's Questions:** Based on the selected questions, the doctor may need to also ask the patient some questions such as "describe any new symptoms", "past history", "any current medications". This page will help patients prepare in advance for their appointment.

⬤ **Finally, the customized set of questions that the patient selected for their appointment will be summarized.** The questions can be sent to the doctor's email or printed by the patient.

Type: TeleHealth
Issue: Health Direct Australia (in partnership with Australian Commission on Safety and Quality in Heath Care, ACSQHC)
Source: https://www.healthdirect.gov.au/question-builder
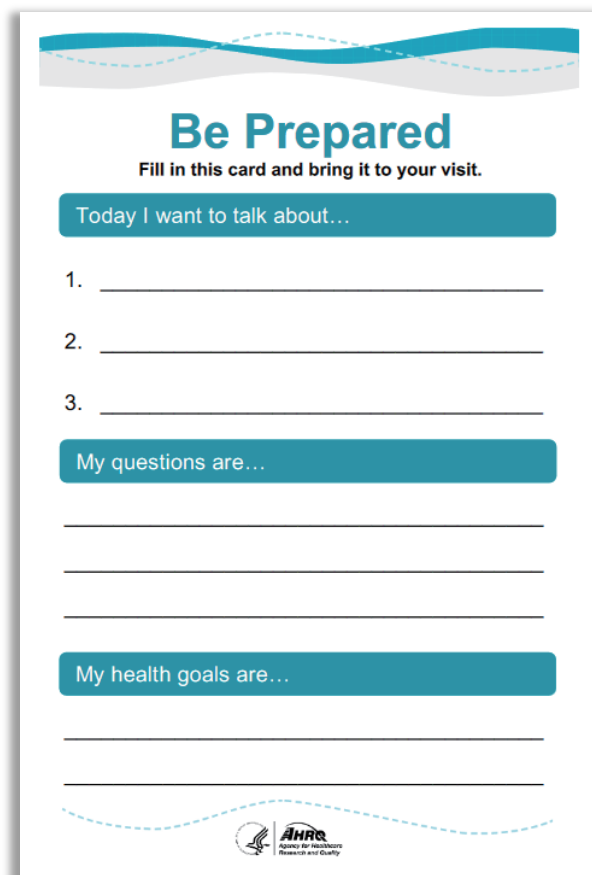Applicable for: General Public

4. Medical "Cards"

Several patient aids are designed to resemble notecards for the patients to easily bring to their doctor's appointment.

Example: Patient Prep Card

This tool is a small card created by the AHRQ to help the patient prepare for their appointment. Patients can self-record the time of the next appointment, things or questions they want to discuss with the doctor, and their health goals.

It is important for the patient to write the question by themselves to encourage reflective thinking. However, a certain degree of writing skill is needed, thus this tool is more suitable for patients with higher health literacy levels.

Be Prepared
Fill in this card and bring it to your visit.

Today I want to talk about…
1. _____
2. _____
3. _____

My questions are…
_____
_____
_____
_____

My health goals are…
_____
_____

AHRQ
Agency for Healthcare Research and Quality

Type: Leaflet or Card
Issue: Agency for Healthcare Research and Quality, AHRQ
Source: https://www.ahrq.gov/patient-safety/patients-families/prep-card.html
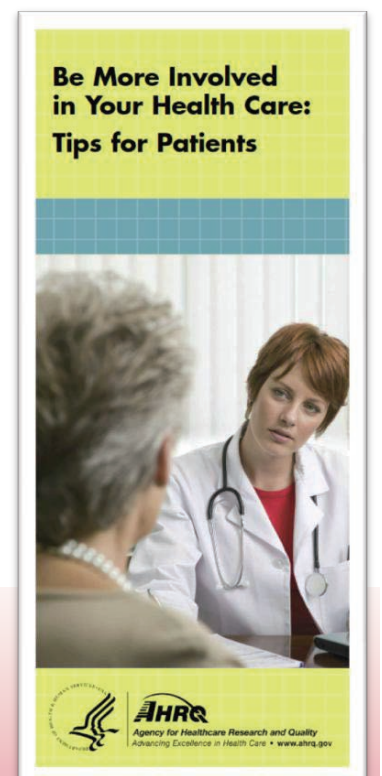Applicable for: Patients with higher health literacy levels

Tool 2: Matters requiring patient's attention before and after a visit to the doctor

To encourage patients to play a more active role in their health, there are some tools available that can be used to remind important matters before and after their medical appointment/treatment. These tools also highlight the patients' rights and provide assistance to patients and their families to engage with the full extent of medical services.

Example 1: Be More Involved In Your Healthcare:Tips for Patients

This leaflet gives patients tips to use before, during, and after a medical appointment, and emphasizes pro-active patient participation to make sure they get the best possible care. This tool reminds patients that good quality healthcare requires patients to be an active member of their own healthcare team. The following list includes some examples found in the leaflet:

● Before the appointment: Bring all medications and nutritional supplements that you currently use to the appointment, write down questions you want to ask, and know your current medical conditions, past surgeries and illnesses.

● During the appointment: Explain the symptoms, current health status and medication situation, ask questions proactively to ensure you understand the doctor's instructions, and tell the doctor what you are worried about, or ask about other treatment options.

● After the appointment: Follow the doctor's instructions. If you encounter any serious problems or symptoms after returning home, consult your doctor or pharmacist before stopping the medication.

Be More Involved in Your Health Care: Tips for Patients

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Type: Leaflet or Card
Issue: Agency for Healthcare Research and Quality, AHRQ
Source: https://www.ahrq.gov/patient-safety/patients-families/prep-card.html

Example 2: Top Tips for Safe Health Care

This booklet is designed to provide patients and their families' important information that they need to know and understand about health care. It can help patients, their families, and caregivers get the most appropriate health care and emphasize that being actively involved and working in partnership with healthcare providers can ensure patients get the right care. This booklet includes resources from patient groups, government websites, etc. There are also suggestions on what questions can be asked when seeking medical treatment:

● Ask Questions	You have the right to ask questions about your health and health care.
● Find good-quality and reliable health information	Good-quality and reliable health information can help you make informed decisions about your health care.
● Understand the risks/benefits	Before making a decision about your health care, it is important that you fully understand the risks and benefits of any medical test, treatment and procedure recommended by your doctor.
● Keep a list of all medications	You can use the list to let your doctor and pharmacist know the medicines you are taking, including vitamins and any other supplements.
● Confirm what will happen	Ask which doctor or other healthcare provider will be in charge of your procedure and check with them what operation they plan to perform.
● Ask about follow-up care	Ask to have your family, caregiver and/or representative involved in discussions about your discharge from hospital.
● Know your rights	Everyone who is seeking or receiving care in the health system has the right to safe and high quality care, and should be clearly informed on information such as care services, treatment options and expenses involved.
● Understand privacy and accessing your medical records	Healthcare staff will keep a record of your health and medical history. By law, they are required to keep your records confidential.
● Provide feedback	Your feedback will help improve the safety and quality of healthcare, and let organizations know what they are doing well and what might need improvement.

Type: Poster, Brochure, Infographic

Issue: Australian Commission on Safety and Quality in Health Care, ACSQHC

Source: https://www.ahrq.gov/questions/be-engaged/index.html

A.Poster: https://www.safetyandquality.gov.au/sites/default/files/migrated/
Top-Tips-Poster.pdf

B. Brochure: https://www.safetyandquality.gov.au/sites/default/files/migrated/
Top-tips-safe-care_web-version.pdf

C. Infographic: https://www.safetyandquality.gov.au/sites/default/files/
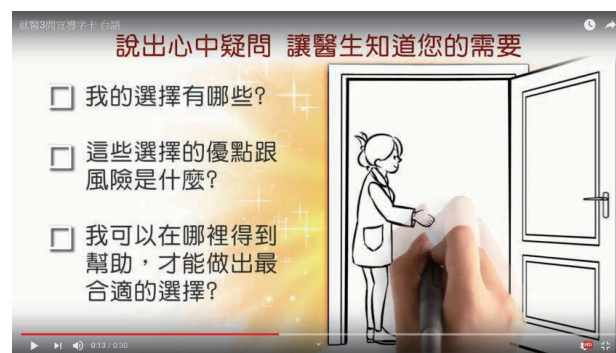migrated/Top-Tips-Infographic.pdf

Tool 3: Media materials that advocates the "ask question" culture

In a doctor-patient relationship, not all patients have the courage to ask questions. As a result, they often miss the opportunity to fully understand the condition of their disease or may make the wrong decision. These media materials are focused on promoting the behavior of asking questions. It is hoped that patients will realize asking questions is their right, and it is the responsibility of the healthcare staff to encourage patients to ask and answer questions.

Example 1: SDM 3 Questions Posters

When people visit the doctor, they are often unable to make decisions about their health when they are given many treatment options. Each treatment has its own advantages and disadvantages. The choices of other people's opinion may not be suitable for the decision-maker. "The 3 Q's about Medical Treatment" posters/leaflets can be used to promote question-asking, evaluating risks, benefits, pros and cons of each treatment option, and encourage shared decision-making to make the appropriate decision.

A. Poster: https://health99.hpa.gov.tw/material/4203
B. Leaflet: https://health99.hpa.gov.tw/material/1927
C. Videos:
https://www.youtube.com/watch?v=Q7lzOzc0wa0&feature=youtu.be (Mandarin Version）
https://www.youtube.com/watch?v=MShExK-u35k&feature=youtu.be (Taiwanese Version）
https://www.youtube.com/watch?v=-yaEbkrPoaY&feature=youtu.be (Hakka Version）

Example 2: Ask Me 3: Good Questions for Your Good Health

This is an educational program from the United States, designed by health literacy experts to help patients participate in their own healthcare, to provide a platform to improve communication between patients, family members, and medical professionals, and to encourage patients and families to ask three questions when working with a health provider.
● What is my main health issue?
● What do I need to do?
● Why is this important for me to do this?

These three questions are intended to help patients become more active in understanding their own health, and how to stay healthy.
In addition, the leaflet also has extended instructions to help the patient ask questions:
● When to ask questions
● What if I ask and still don't understand?
● Who needs to ask the 3 Qs?
Ask 3 is a tool of practical value for patients.
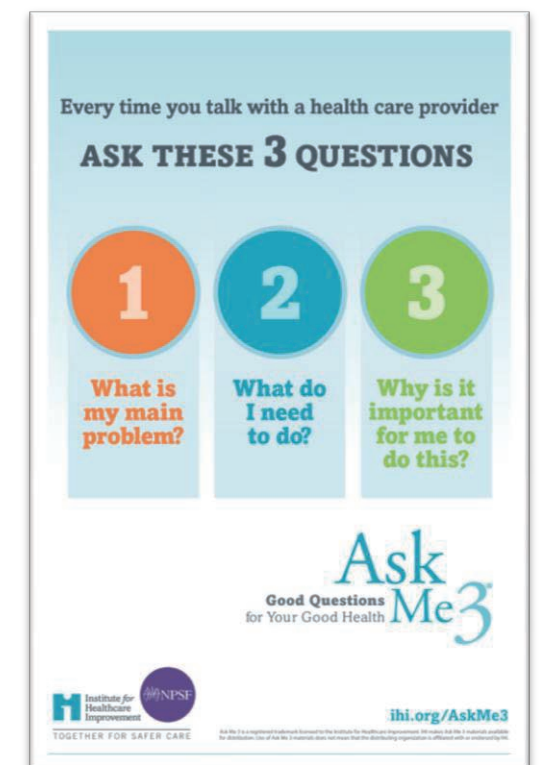
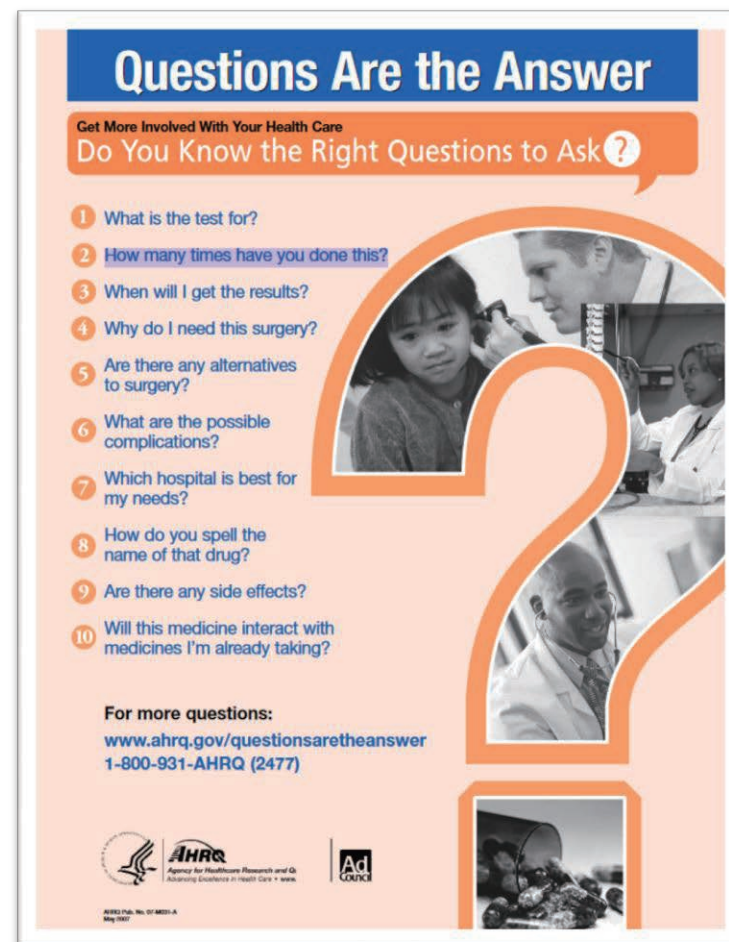Type: Leaflet, Poster
Issue: Institute for Healthcare Improvement
Source: http://www.ihi.org/resources/Pages/Tools/Ask-Me-3-Good-Questions-for-Your-Good-Health.aspx
Note: If you want to download the leaflet and poster files, you need to enter from the online resource URL. Click on "Ask me 3 Brochure (English) to download (after registering basic information).

Example 3: My Questions for This Visit

The main purpose of this poster is to encourage patients to ask questions, actively participate in their treatment, and provide 10 suggested questions they can ask about the health exam, surgery and/or medication. It easily reminds the reader it is important to ask questions and provides examples of what questions can be asked.
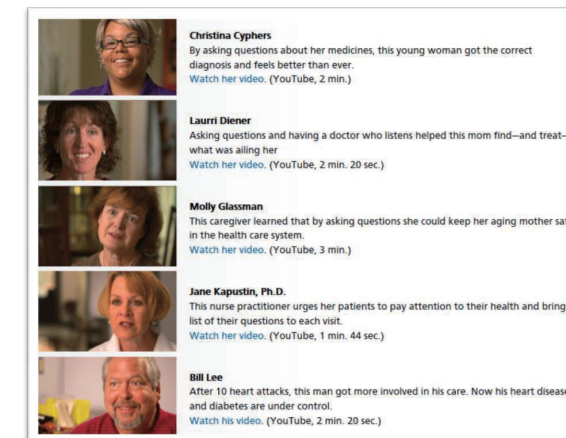

Type: Poster
Issue: Agency for Healthcare Research and Quality, AHRQ
Source: https://www.ahrq.gov/sites/default/files/wysiwyg/patients-consumers/
        patient-involvement/ask-your-doctor/tips-and-tools/qataposter.pdf

Example 4: Waiting Room Video: Patient and Clinician Videos

This video is an example of a case-study, showcasing an open dialogue between patients and clinicians. It can be played in the waiting room as a way of promoting open doctor-patient communication. There are two parts to the short video: the first part showcases a patient describing a personal experience about asking the doctor questions, how asking questions help their understanding, and how it can provide better medical care. The second part shows a doctor/nurse explaining why asking questions can help them take better care of patients to reduce the risk of errors and hospitalization, and providing suggestions on how the patient and family members can ask questions.

Type: Video
Issue: Agency for Healthcare Research and Quality, AHRQ
Source: https://www.ahrq.gov/patients-consumers/patient-involvement/ask-
        your-doctor/videos/index.html

Conclusion:

The first condition for patients to participate in their health care is to learn how to ask questions. The Question Prompt List can help patients formulate questions and prioritize issues, making it easier for patients to think and express their questions. Patients would feel empowered to ask questions, learning to recognize that healthcare staff are willing to communicate with them, which will improve patient satisfaction rates and establish a good, interactive doctor-patient relationship.

Book 6

Writer：Mei-Chuan Chang, Associate Professor
Department of Nursing, College of Medicine,
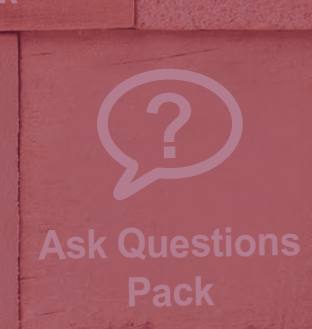Tzu Chi University

Verbal
Communication
Pack

Senior
Communication
Pack

Navigation
Pack

Health Data
Pack

Ask Questions
Pack

Audio-Visual
Teaching Aids
Pack

Audio-visual teaching materials are often used in health education or health promotion for patients. Healthcare staff have made many health education videos to help guide patients with their self-care skills. Aside from text-based contents, visual and auditory stimuli are often more vivid and interesting to the audience, leaving a deeper impression. This toolkit provides best practices for designing and producing health education audio-visual teaching materials for health literacy. The examples used are from the Health Promotion Administration's Health 99+ Website.
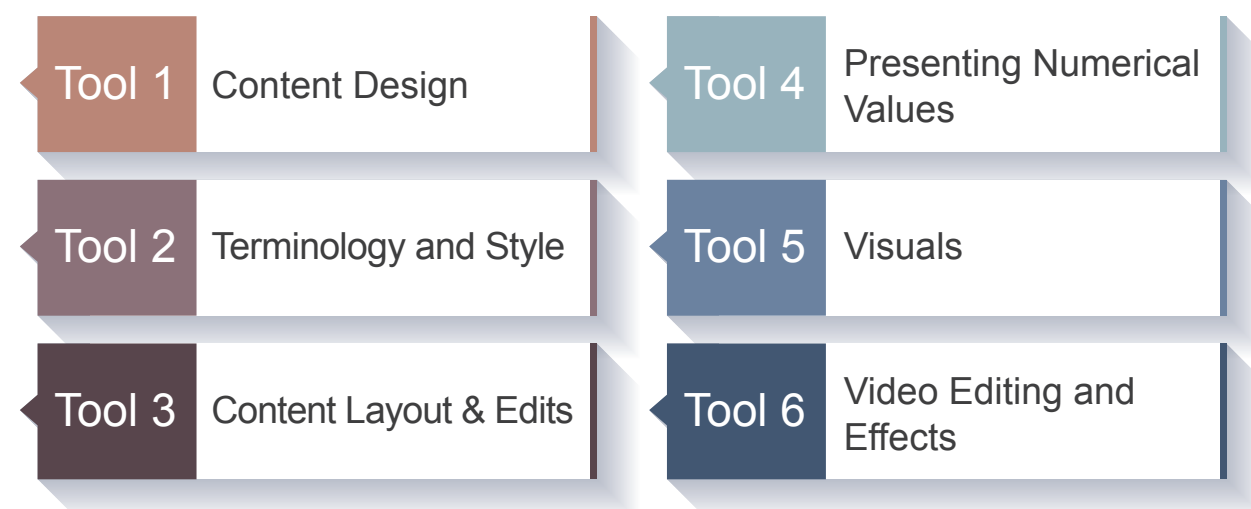
User/Target Audience

- Relevant departments that develop/design audio-visual health education materials
- Frontline health professionals responsible for educating the public
- Public communicators responsible for distributing and sharing public health information

When to Use:

- The planning/designing stage for new teaching materials
- Evaluating existing teaching materials
- Healthcare workforce education & training

Types of Audio-visual Materials

Includes videos, films, broadcasts, animations, etc.

Tool 1	Content Design	Tool 4	Presenting Numerical Values
Tool 2	Terminology and Style	Tool 5	Visuals
Tool 3	Content Layout & Edits	Tool 6	Video Editing and Effects

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Tool 1: Content Design

● The main message is clearly shown in the opening message of the video.

Most people will decide whether they want to watch the entire video just by looking at the opening of the video. There should be a clear title or sub-title to grab the viewer's attention and interest. This can be done in 1-3 short sentences, or a clear and obvious picture, sound or image.

Example 1: This is an introductory video about lumbar spine exercises. The subtitle is "Pain Relief Exercise" which is more attractive than the words "Lumbar Exercise"

51195 疼痛緩和運動系列 L01骨盆傾斜運動

門諾醫院
腰椎運動
−疼痛緩和運動系列−

0:01 / 2:08

Video Title: Pain Relief Exercise Series: L01 Pelvic Tilt Exercise
Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99+ Youtube Channel: https://youtu.be/IPp34rWzknE
Production Unit: Taiwan Christian Mennonite Hospital

Example 2: This video has an eye-catching title "Birthday Banquet of Queen Mother and the Empress". At first glance, it is difficult to know what the content of this video is about. By adding the subtitle, "Smart Outdoor Dining", it provides context to the viewer.

Video Title: 7 Steps to take your Blood Pressure correctly at home

Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

Source: Health 99⁺ Youtube Channel: https://youtu.be/5gsYGT5FkAI

Production Unit: ⅰ醫健康診所

● Highlight the "How to" for improving healthy behaviors
Health literacy-friendly teaching materials should focus on the "how to" of improving healthy lifestyles, so that readers can learn and take appropriate actions.

The content of the video should emphasize：
— How to protect your health
— Why these actions are important
— Step-by-step and "How to use" guide

An ideal health education video should encourage the viewer to change their health behavior by following the simple instructions and demonstrations from the video. It is important that the video description of the steps is clear, concise and feasible for the viewer to follow.

Example: This video is based on modifying health behavior by measuring blood pressure. By following the video instructions, viewers can learn how to measure their blood pressure correctly at home.
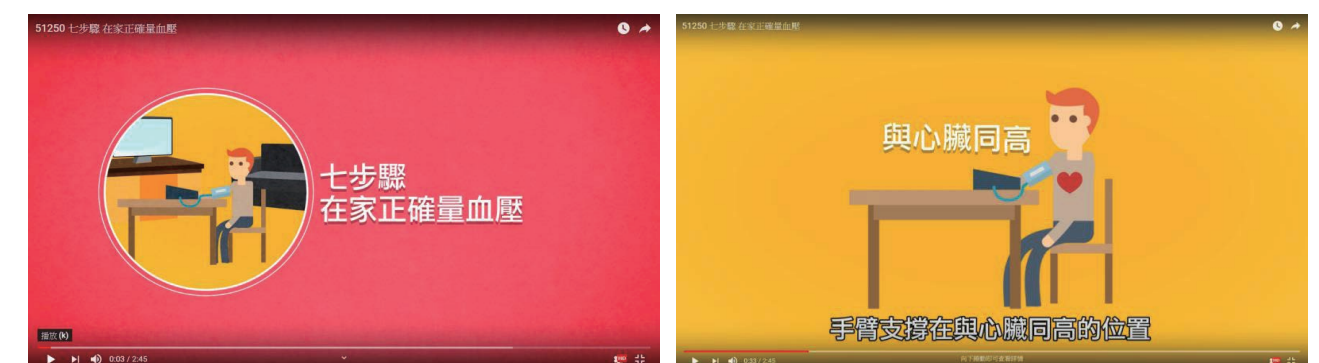
Video Title: 7 Steps to take your Blood Pressure correctly at home

Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

Source: Health 99⁺ Youtube Channel: https://youtu.be/5gsYGT5FkAI

Production Unit: ⅰ醫健康診所

● **The content of the video should be reasonably related to the main theme/message**

Too much information can overburden the viewer (particularly those with low reading skills). The recommended length for instructional videos should be limited to 7-15 minutes. Health education videos designed for the public should be shorter. If the content of the teaching materials is too long, consider dividing them into different sub-themes.

There are several techniques that you can use to divide the content of the teaching materials:

— Focus on the "need to know" messages and consider removing the "obvious" messages:

Take away any unnecessary information that does not affect the viewer's understanding of the main message. Make sure you do not oversimplify or delete key information which may cause misunderstandings of the original message. Be cautious about deleting any examples used for teaching.

— Consider using different techniques to divide the information:

The main message of a health education video includes approximately 3-5 key topics. Consider how the topics are related to each other. Too many topics can overload the takeaway message and distract the main message of the video. The content of the video should be closely linked to the objectives of the teaching materials.

Example: This is a health education video about exercise. It is divided into different videos based on the key topics. Each video is approximately 2 to 2 1/2 minutes long.

跑步適合你嗎 | 如何鍛鍊核心肌群 | 開車族 隨時動一動
晨間操只要三分鐘 | 遠離蘿蔔腿 | 預防自行車運動的傷害

Video courtesy from the Health 99+ website:
https://health99.hpa.gov.tw

● Summary:

A summary at the end of the video is used to help the viewers combine the key topics of the teaching materials and highlight the main messages. However, if the length of the video is less than 1 minute or the purpose of the video is to show a short film, it is not necessary to include a summary.

Example 1: This is a short video about emergency medical examinations. After the interaction between the doctor and the patient, a summary of the main points is shown at the end for 3 seconds as a memory strategy for the audience.

Video Title: Emergency 5 Triage – Please leave medical resources to those who need it the most.
Issued by: Ministry of Health and Welfare, Taiwan
Source: Health 99+ Youtube Channel:
https://www.youtube.com/watch?v=Y42s1N73iyg
Production Unit: Department of Planning, Ministry of Health and Welfare, Taiwan

Example 2: In the last 20 seconds of the video, the speaker uses "Kind Reminders" to summarize the key points on how to prevent falls. These reminders will help the audience retain the message.

Video Title: How to prevent Falls
Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99+ Youtube Channel: https://youtu.be/Fajdx5eEGRs
Production Unit: ｉ醫健康診所

● Reliable & Accurate Content
Health information is constantly changing each day with new research, and health education materials may become outdated. A health education video should provide the name of the production unitand production date for the viewers to determine the reliability of the content.

Example : The beginning of the video immediately shows that it is published by the Health Administration of the Ministry of Health and Welfare. In addition, materials released on the Health 99+ website will all have brief introduction that shows the date of production. However, if there is no information on the introduction of the video, aside from the name of the production unit or distributor, it is recommended that the production date be added to the appropriate position within the video.

Video courtesy from the Health 99+ website.
Retrieved from: https://health99.hpa.gov.tw/educZone/edu_
Video Title: Understanding Mammography (Mandarin Version)
Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99+ Youtube Channel: https://youtu.be/DKiD06XfP8k
Production Unit: Health Promotion Administration

Tool 2: Terminology and Style

The illustrations and narrations of the videos should be clear and easy to understand (for both text and auditory components)
This can be used in:

● Daily spoken language and intonation

The language and tone of the film's narration should be presented in every-day language (similar to oral communication in a real medical setting). Avoid using jargon when possible.

Example: Replace "gastroenteritis" with "diarrhea"
Replace "thoracic physiotherapy" with "discharge phlegm"
Replace "hospital visit" with "see a doctor"
Replace "analgesics" with "painkillers"
Replace "experience relief" with "feeling better"

● Explain Medical terms

Minimize the use of proper medical terms as much as possible. If it is difficult to replace medical terms or names, add a short explanation to clarify any misunderstandings.

Example 1: The main treatment for leukemia is chemotherapy (Chemotherapy is the use of drugs to kill cancer cells)
Example 2: This film explains abnormal cells as "hyperplastic polyps"

Video Title: How to read a colonoscopy report
Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99⁺ Youtube Channel: https://youtu.be/2ermk3152r8
Production Unit: Health Promotion Administration

● Cultural Relevance

The language and style of the teaching materials should be adjusted according to the regional and cultural characteristics of the target audience. This includes changing the language and tone of the video to something more relatable. Avoid using words, images or examples that may bring a negative view to specific ethnic groups.

Example: This video about colorectal cancer screening uses a traditional older farmer as the protagonist. The farmer is relatable to the middle-aged and older adults' which can resonate with the targeted audience.

Video Title: Colorectal Cancer Prevention (Traditional Farmers) Hakka
Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99⁺ Youtube Channel:
https://www.youtube.com/watch?v=6PEVF9s5jRY
Production Unit: Health Promotion Administration

Tool 3: Content Layout & Structure

● Logical & Coherent

Audio-visual health educational materials should be logically and coherently written. The transition of the content and paragraphs should be coherent and easy for reading/understanding.

The following principles can be used:

— Present the most important information first. You do not always need to start with background introduction. According to the goal of the teaching material, what is the objective? The problem? The result? Before developing the material, you can interview your target audience to understand the information they need and want to know about the topic.

Example: Fever Care for Children

According to the results of parent interviews, parents often do not know how to deal a child's fever. Nurses have found that many parents use the wrong method to measure a child's body temperature. The main message of the teaching material is divided into 3 questions:
1. How do I know if my child has a fever?
2. What should I do if my child has a fever?
3. When should I be worried?

— The layout of the content can be arranged to the relevant behavior theory. For example, the health belief model is a suitable theory for health promotion and disease prevention. The theory states if a person perceives they are in a crisis, they will be more inclined to perform certain actions to reduce the crisis. Using this theory, the layout of the content can be divided into:

1. You may be at risk for… (Smoking increases the risk of heart disease, betel nut increases the risk of oral cancer, and illness). (Perceived susceptibility and perceived seriousness)
2. There are some things you can do to reduce your risk (quit smoking, quit betel nut). (Perceived benefits)
3. If you follow through with these actions, you will benefit (live longer, reduce risk of lung cancer, share family happiness, see your grandchildren grow up, etc.) (Perceived benefits)
4. These actions are not too difficult or costly to do (many people are doing it) (Perceived barriers)

● Divide learning blocks appropriately

Health education videos provide lots of information. If the video is too long, it can cause an excessive load of information and reduce the effect of the video. Large sums of information can be divided into small paragraphs (small learning blocks) for presentation, and each paragraph is given a clear sub-heading.
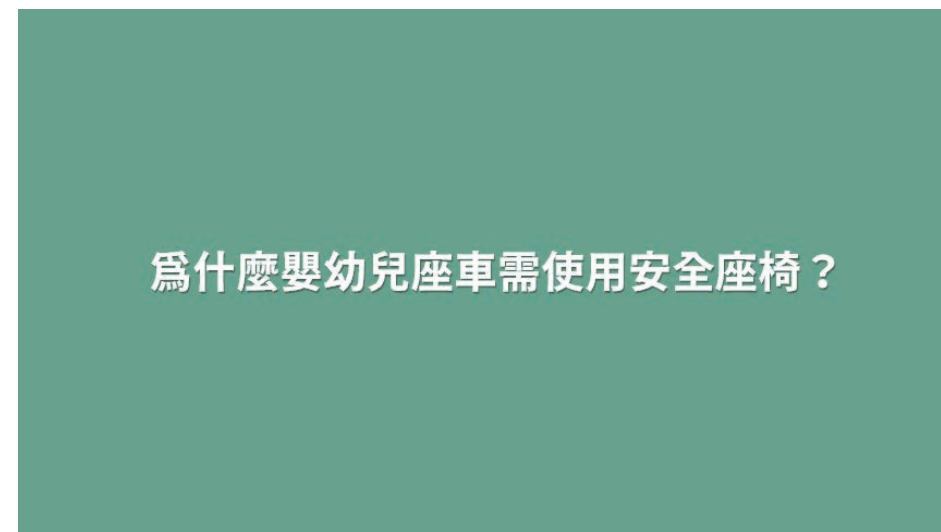
Example 1 :

Poor Title:

安全座椅

Better Title:

爲什麼嬰幼兒座車需使用安全座椅？

Example 2 :

This film is about patient safety, focusing on the experience of a female protagonist who fell and injured herself. She is seeking medical treatment and the film describes the hospital's patient safety practices. The film is approximately 6 minutes. The video is divided into 3 sections: patient identification, fall prevention, and medication safety.

Video Title: Patient Safety – Fall Prevention and Medication Safety

Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

Source: Health 99+ Youtube Channel: https://www.youtube.com/watch?v=7R_giMlUsP4

Production Unit: Taipei Hospital, MOHW, Taiwan

● List items appropriately

When there are multiple items listed, it should not exceed more than 7 items. The categories should be distinguished appropriately.

Example: There are less than 7 items in the video, making the main message easier to remember.

Video Title: Gastroesophageal Reflux

Issued by: Health Promotion Administration, Ministry of Health and Welfare TW

Source: Health 99+ Youtube Channel: https://youtu.be/2uLC0R4mGM0

Production Unit: China Medical University Hospital

Tool 4: Presenting Numerical Values

● Numerical values should be presented in an easy-to-understand format

— Content that involves numerical values requires a higher degree of literacy to understand in comparison to text. Some techniques can be applied to the presentation of numerical values to make it easier to read and understand.

— Numbers such as percentages, decimal points, fractions, etc. are more difficult for the general public to use and understand. Only present these numbers when necessary.

— The meaning of the numbers should be clear and easy-to-understand. Probability, frequency and other abstract numerical values (such as nutritionalservings) can be illustrated with a text explanation or visuals.

— If the teaching material uses numerical probabilities to illustrate risk, it may be difficult for the audience to understand the statements with only numbers. These risk statements can be explained by combining numbers, words, and visuals to help the reader better understand the probability.

Example 1: Most people do not understand the meaning of 25 grams of sugar. It easier to understand by converting it to 10 cubes of sugar.
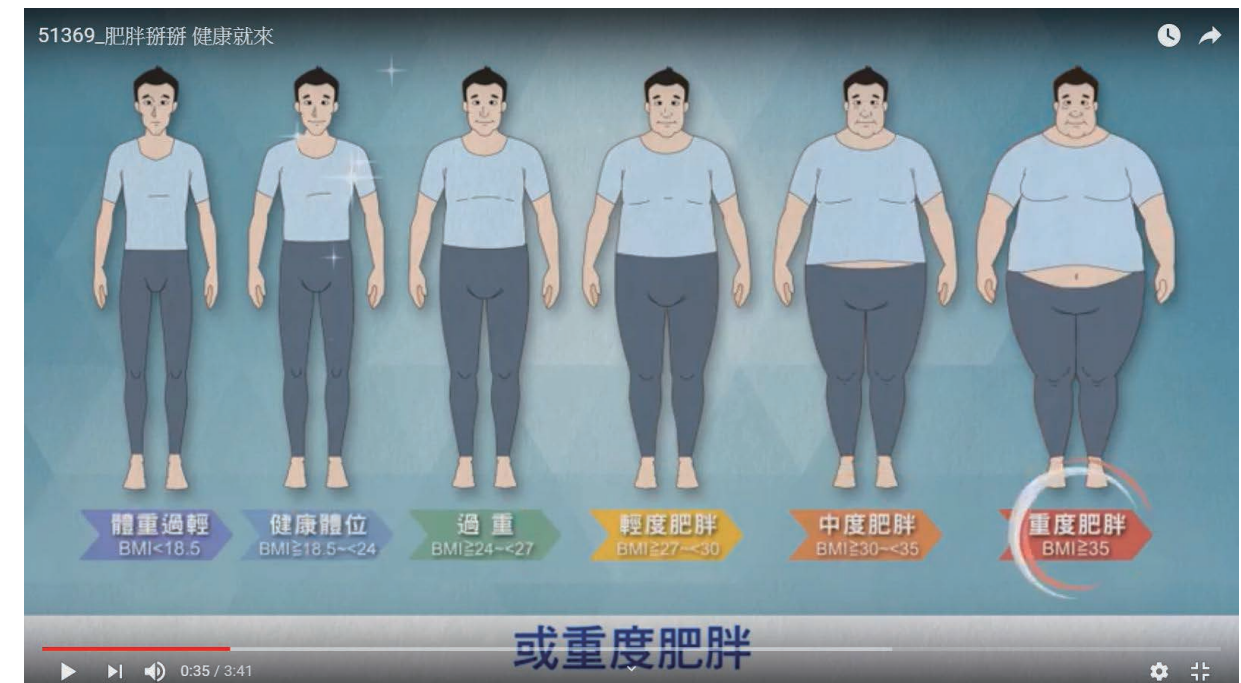

Video Title: Reducing Sugar Intakes
Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99+ Youtube Channel:
(https://www.youtube.com/watch?v=flxJjM2k4U8)
Production Unit: Health Promotion Administration, Taiwan

Example 2: Using images to describe Body Mass Index (BMI) is easier to understand than simply showcasing the numerical values.

Video Title: Bye Bye Obesity
Issued: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99+ Youtube Channel:
(https://www.youtube.com/watch?v=7fEKJsc0BnE)
Production Unit: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

● Avoid Calculations

When possible, teaching materials should avoid asking the reader to calculate formulas on their own. Although it may seem easy, it can be difficult for some people. If it is absolutely necessary, you can use simple and easy-to-understand math conversion tools or resource-linking tools that already convert the values for the reader. Avoid showing the formula to the reader to prevent confusion or misleading calculation errors.
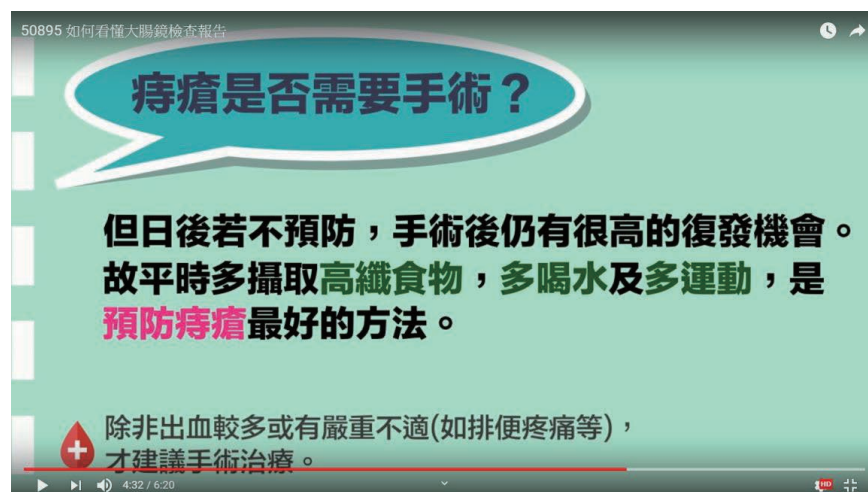
Tool 5: Visuals

● Visual images can be useful for explaining concepts

If a health education material is only filled with text, it is recommended to add supplementary images or animation where possible to increase visual memory.

Example:
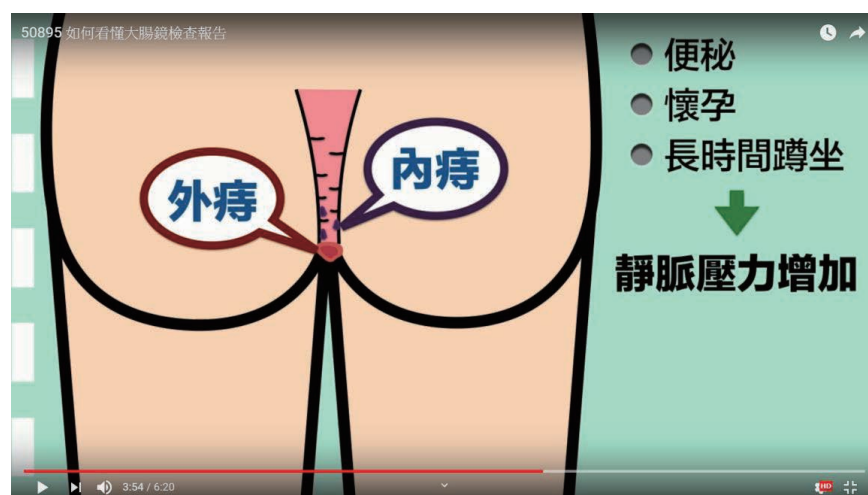
The graphic shows the position of an internal and external hemorrhoid. This image enhances the audio description.

There is a lot of text in this section. Colored fonts (green and red) add visual cues to highlight and emphasize key reminders for the viewer.

Video Title: How to read a colonoscopy report
Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99⁺ Youtube Channel: https://youtu.be/2ermk3152r8
Production Unit: Department of Community Medicine, Hualien Tzu-Chi Hospital, Buddhist Tzu-Chi Medical Foundation

● Avoid unnecessary visual images or distractions

The visual images of health education videos are used to help explaining key information for the audience, allowing them to grasp the key points and understand the message better. If the visual images are irrelevant to the main message, they can become a distraction. For example, if the background of the video had a complicated design, it may take away from the main message.

● The visual image is clear and easy-to-understand

— Illustrations should be relatable to the viewers. They should be drawn clearly using familiar iconography.

— Photos should highlight information that is relevant to the subject, reduce background clutter and avoid distractions.

— If there are statistical charts, a text box should be included to provide a description. If necessary, provide explanations to help the viewer understand.

Example: This animated film includes images that clearly show the proper distance from the toe of the shoe to the toe of the foot, to help people choose the appropriate shoe size.

Video Title: Are you wearing the right running shoes?
Issued: Health Promotion Administration, Ministry of Health and Welfare, Taiwan
Source: Health 99⁺ Youtube Channel (https://www.youtube.com/watch?v=lQDo__gTaac)
Production Unit: ｉ醫健康診所

Tool 6: Video Editing and Effects

● Audio

— The audio-visual materials should be dubbed appropriately. The video playback speed should be moderate for the audience.

— The narrator uses a clear tone, emphasizing key messages slowly.

— Background music is played at a low volume to avoid distracting the narrator's voice.

Example: This short film includes appropriate dubbing. The key message is slowly articulated to emphasize its importance.

Video Title: 3 High Prevention by LINE

Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

Source: Health 99+ Youtube Channel

(https://www.youtube.com/watch?v=8P2z5163GwU)

Production Unit: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

● Video editing is clear and smooth

— The animations should not transition too fast

— The narration/dubbing/text/images on the screen are logical and related to each other

— The subtitles are clear and well-contrasted with the background color. If the subtitles are in a white font, a black frame can be added to make the words clearer.

— If the video is focused on text, the number of words should be limited. Key information can be enhanced by visual prompts

Example 1: The focus of the video animation is consistent with the dubbing. This allows viewers to receive both visual and auditory simulations at the same time.

Video Title: Are you wearing the right running shoes?

Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

Source: Health 99+ Youtube Channel

(https://www.youtube.com/watch?v=lQDo__gTaac)

Production Unit: ｉ醫健康診所

Example 2: Key messages used word cards to enhance the speaker's explanations

Video Title: Defeating Evil Vision

Issued: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

Source: Health 99[+] Youtube Channel (https://youtu.be/JoYqM1076SU)

Production Unit: Health Promotion Administration

● Visual Enhancements and Aesthetics

— The video editing and rhythm of the visuals are in sync. The image tone is uniformed and not abrupt (image enhancement)
— The picture is clear, natural with high resolution
— Graphics are not too artificial.

Example: The image is clear and the resolution of the graphic is high.

Video Title: Colorectal Cancer: What Screenings should I do?

Issued by: Health Promotion Administration, Ministry of Health and Welfare, Taiwan

Source: Health 99[+] Youtube Channel (https://youtu.be/qpQp5usTQms)

Production Unit: Health Promotion Administration

Note: Steps to develop new teaching materials

If you want to develop a new health education material that takes the needs of the reader in consideration, you can follow the steps below:

1 Identify and monitor the target audience — Confirm what kind of teaching material is suitable for the target audience

2 Conduct a user survey — What information do they need and want?

3 Set a health behavior change goal — What is the purpose of the teaching material? To learn how to do what skill?

4 Communication Setting — Which communication medium is appropriate (text, audio, video, broadcast)?

5 User testing & feedback — Is it suitable for the users?

References

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All queries should be directed to the Health Promotion Administration.