

# Strengthening the Health Literacy Practices of Tomorrow's Workforce through Curricular Integration



Melanie Stone, MPH, MEd<sup>1</sup>, Oralia Bazaldua, PharmD<sup>1</sup>, Caroline Bergeron, DrPH<sup>2</sup>  
<sup>1</sup>The University of Texas Health Science Center at San Antonio, <sup>2</sup>Bexar County Community Health Collaborative



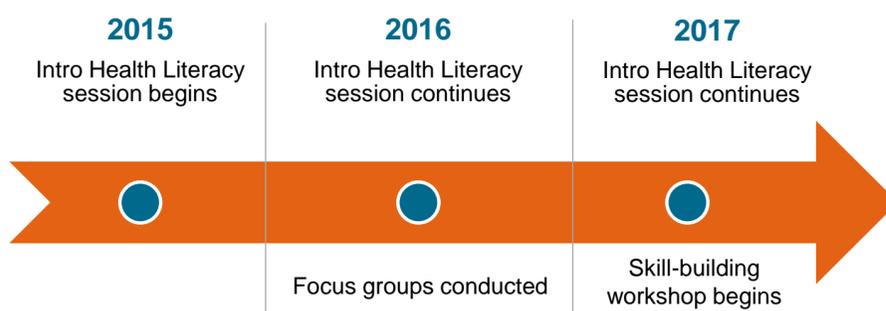
## Introduction

National guidelines and accreditation recommendations call for health professionals to be trained to effectively communicate with all patients, especially those with low health literacy. There is little guidance on how to achieve this goal and many schools do not follow a standard format in their health literacy training. Barriers to health literacy integration include lack of instructors and no room to add additional content to already packed curricula.

To address this training void at UT Health San Antonio's Long School of Medicine (LSOM), we integrated health literacy principles into our undergraduate medical curriculum through an opportunity in a required course. Academic and community experts from the San Antonio Health Literacy Initiative (SAHLI\*) helped to develop, implement and evaluate the curriculum.

## Methods

An introductory health literacy session was first implemented in October 2015 as a curricular requirement for preclinical medical students and then conducted annually. Instrumental faculty were allotted 2 hours in a required course to introduce the concepts of health literacy and practice skills. The following year, four focus groups were conducted with students and faculty to assess their awareness of health literacy and help further develop and refine the session. In fall 2017, a follow-up communication skill-building workshop for 2<sup>nd</sup>-year medical students was added to the course. This workshop focused on the top 3 health literacy best practices identified by health professionals in a consensus study<sup>1</sup>. The course is evaluated annually by the student participants. A pre/post test was utilized in the follow-up skill-building workshop to assess knowledge and confidence.



## Results

### Course Evaluation

In Fall 2016, at least 97% of participants in the health literacy skill-building workshop (n=217) "Agreed" or "Strongly Agreed" that:

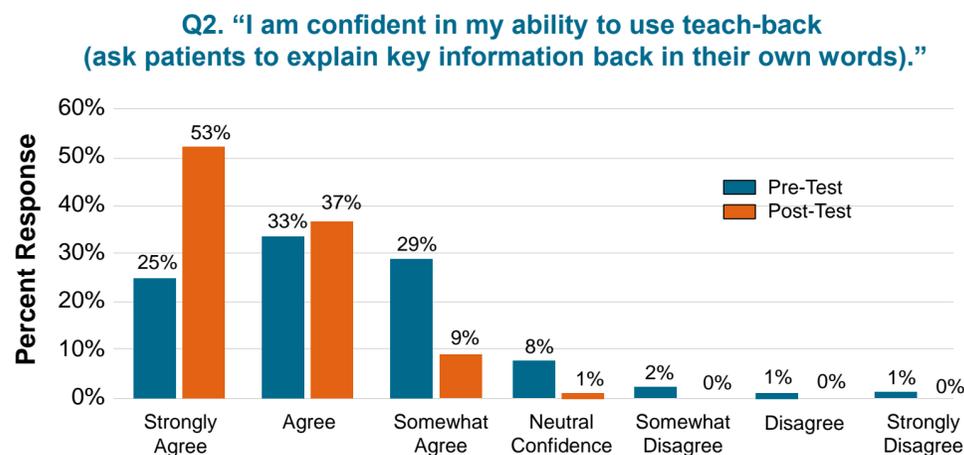
- the instructors were clear, organized, and respectful
- they would take another course from the instructors

Focus Group	Recommendations
<b>Medical Students</b> (9 second-year, 4 first-year)	<ul style="list-style-type: none"> <li>• Practice skills with standardized patients</li> <li>• Be inspirational and interesting when teaching health literacy (e.g. use videos of real patient stories)</li> <li>• Use case studies</li> </ul>
<b>Interprofessional Faculty</b> (9 health literacy proponents, 5 not involved in health literacy)	<ul style="list-style-type: none"> <li>• Look for "natural fits" in the curriculum, such as synthesis cases</li> <li>• Incorporate competency into an Objective Structured Clinical Exam (OSCE)</li> <li>• Mandate teaching health literacy from the top down</li> <li>• Get faculty buy-in</li> </ul>

**Recommendation from all 4 groups:**  
 Integrate health literacy into the curriculum at all levels of training.

### Pre/Post Test: Skill-Building Workshop

2<sup>nd</sup>-year medical students were asked to answer pre/post Responseware (TurningTechnologies) questions about importance/confidence using these health literacy best practices: teach-back, avoiding medical jargon, and using effective questioning techniques. For all 3 practices, the most change was seen in confidence, where there was a shift from "somewhat agree" to "strongly agree." Below is a chart of the results from the confidence in ability to use teach-back, with 182 students completing the pre-test and 116 students completing the post test.



## Conclusion / Future Directions

The course evaluation comments, such as the one below, reflect that the students want and need health literacy training:

**"I really enjoyed the health literacy lectures because I think these issues are not well known among medical students and will be vital (...) to be better physicians."**

All students and faculty in the focus groups recommended integrating health literacy training into all levels of medical education. This further supports the recommendation by professional organizations to train health professionals to effectively communicate with low health literacy populations.

Our initial attempt at assessing attitudes and confidence by students involved in the communication skill-building workshop shows promising trends in the workshop's effectiveness. There was a trend towards increasing students' confidence in using health literacy techniques. Due to our data collection tool not providing us with individual responses, we were unable to perform statistical tests of significance. Therefore, this assessment would benefit from more rigorous data collection methods in the future.

### Going forward, our curricular plan is to:

- continue offering/refining the introductory health literacy session for 1<sup>st</sup> year medical students
- continue offering/refining the health literacy communication skill-building workshop for 2<sup>nd</sup>-year medical students
- work with clerkship directors to integrate health literacy talks and/or skill-building workshops into 3<sup>rd</sup>-year clerkships

## References

1. Coleman CA, Hudson S, Maine LL. Health literacy practices and educational competencies for health professionals: a consensus study. J Health Commun 2013;18: 82-102.

## Acknowledgements

\*SAHLI is a group of volunteer representatives from various entities (public and private) who collaborate to address low health literacy. SAHLI is a program of the Bexar County Community Health Collaborative.

The authors wish to acknowledge and thank Dr. Jason Morrow, the director of the Medicine, Behavior and Society Course, for including health literacy in the course.