Health Literacy Quiz

Name: ____________________________________  Date: __________

1. What is Health Literacy?

2. At what grade level does the average American read?

3. What % of Americans are functionally illiterate and at greatest risk?

4. Patients who have inadequate health literacy are more likely to be hospitalized for their chronic illness?
   a. True
   b. False

5. How does health literacy impact health care?

6. Describe techniques that are useful in improving communication between you and your patient.

Pick 1 of the following cases, circle it and complete the questions associated with that case on the last page of this handout?

Case 1: Mr. Day - Patient who misunderstands the term “hypertension”
Mr. Day clearly misunderstands the meaning of the word “hypertension,” believing it refers to a state of behavioral hyperactivity rather than to a blood pressure problem. His physician takes responsibility for this misunderstanding, and explains the meaning of hypertension to the patient.

1. How could you explain the meaning of “hypertension” to Mr. Day in easy-to-understand language?
2. How could you make certain he understands the meaning?
3. What other common diagnoses or medical terms could easily be misunderstood by patients?
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4. What did Mr. Day’s physician achieve by accepting responsibility for the patient’s misunderstanding?

Case 2: Mrs. Cordell-Seiple - Patient who discusses her hysterectomy
Mrs. Cordell-Seiple tells about her experience signing a surgical consent form without reading it and then undergoing surgery—only to find out after the surgery that she has had a hysterectomy. Dr. Williams points out that when patients sign consent forms they don’t understand, and then undergo procedures that result in adverse outcomes, there is potential for medicolegal liability.

1. Is it reasonable to assume that when patients sign consent forms, they have read and understood them? Why or why not?
2. What could Mrs. Cordell-Seiple’s physician have done to ensure that she understood her treatment?

Case 3: Mr. Bell - Patient who hides his illiteracy
Mr. Bell speaks about his fears of having others find out he is illiterate, his anger, and his tendency to blame others for not respecting him. He sometimes walks out of the doctor’s office to hide the fact that he cannot read.

1. If you had not heard Mr. Bell’s story, would you have considered him a “difficult” patient?
2. Do you see patients like Mr. Bell in your clinical setting??
3. How do you respond to them?
4. How could you change your approach to support patients like Mr. Bell and help diffuse their anger and frustration?

Case 4: Mrs. Tilsley - Discussion of the brown bag medication review
In a “brown bag medication review,” the clinician asks the patient to take each pill bottle and explain the name of the pill, its purpose, and how it should be taken.

1. What responses, besides those noted, would you expect when conducting a brown bag medication review with a patient who has limited literacy or health literacy?
2. How can you help your patients keep track of their medications and use them correctly?
3. How much time do you think a medication review might take? Do you think this is a feasible amount of time for you to spend?
4. What benefits might accrue to you or the patient from spending this time together?

Case 6: Dr. Alvarez and Mr. and Mrs. Grigar - Explanation of arthritis
Dr. Alvarez avoids medical terminology when he describes osteoarthritis to Mrs. Grigar and her husband. Instead, he uses the analogy of a creaky door hinge to illustrate the pathophysiology of arthritis.

1. How might you explain to a patient, using no medical terms, the cause and treatment of Heart Failure?
2. How might you explain to a patient, using no medical terms, the following procedure: Coronary angiography and stent placement?