

PERSPECTIVES

VOL 1 • ISSUE 5

THOUGHT LEADERSHIP

The skill of communication in any health profession is a cornerstone competency. In physiotherapy, with direct one to one interface with patients and families, communication can make or break the outcome. When discussions with a patient are a challenge or a form is not completed properly, how often do we, as professionals, consider patient literacy as a potential source of the problem? In this issue, we continue to explore this sensitive subject, linking the topic with resources that help support safe, quality physiotherapy care.

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Patient Safety, Literacy and Physiotherapy

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Over the last few years, patient safety has become a key health care concern throughout the world including Canada.

Regardless of role or setting, patient safety is a concern for all physiotherapists. Physiotherapists working in clinical settings need to be able to provide safe effective patient care. Physiotherapists working in administrative or policy roles in health care facilities need to be knowledgeable about patient safety in planning and evaluating programs. Physiotherapists working in educational roles need to include patient safety competencies across their curricula.

A key component of patient safety is communication. A report on patient safety and health care errors in Canada noted that problematic communication was a contributor to adverse events (Baker et al., 2004). Physiotherapists use language when interacting with patients for multiple purposes; these include the transmission of information, to educate, to evaluate and to treat. Patients use language to ask questions and try to make informed treatment choices. Unfortunately there is often a gap between what patients understand and what physiotherapists expect them to know. This gap can be widened due to differences between the patient and physiotherapists in terms of culture, gender, language and literacy level.

Literacy

The link between patient-professional communication, quality of care and health outcomes has been made in numerous studies, and limited health literacy has been suggested as an important consideration by the Institute of Medicine (2004).

The ability of many Canadians to use health information is doubtful when one considers research related to

health literacy. The International Adult Literacy Survey (IALS) estimates that 22% of adults in Canada have difficulty in tasks no more complex than determining the maximum number of days they should take a medication by simply looking at the label. An additional 26% of Canadians can only deal with material that is simple, clearly laid out, and put in familiar contexts (Statistics Canada & Organisation for Economic Co-operation and Development, 2005).

If at least one in five Canadians has difficulty with tasks no more complex than the instructions on a medication label, it is likely that physiotherapists see patients who have limited literacy every day. Although language in health care interactions, especially “medical jargon”, can be a challenge for most people, it is a much greater challenge for someone with limited literacy. For example, they might have difficulty with filling out pre-assessment questionnaires and consent forms.

They are given written material designed to supplement verbal explanations and to remind patients of instructions that may have been misheard or forgotten. If patients cannot decode or understand the material following their contact with the physiotherapists, health problems may be exacerbated. This may further lower the quality of life of the patient and result in additional treatments and increased costs to the patients and the health care system. But more importantly it is a patient safety issue.

The gap between the literacy demands of the system and the literacy abilities of the patients must be narrowed to improve both the effectiveness of the health care system and the quality of life of the patients.

The argument in favor of the use of plain language and clear verbal communication in health care interactions has been further strengthened in Canada as a result of changes to the Canadian Council on Health Services Accreditation standards. These standards are used to accredit all hospitals and many health care facilities in Canada. The standards state that “health information must be based on the clients and families’ information needs, and that it must be easy to read and use” (Shohet, 2004, p. 76).



Physiotherapists need to look at literacy as an issue of patient safety in which they can play a role. Physiotherapists need to provide a shame-free environment within their practice setting, this includes increasing awareness of the issue, providing assistance in completing forms and most importantly taking time when interacting with patients. Patients have a right to understand.

Question

How can you make your practice environment shame-free for people dealing with limited literacy?

References

Baker, G. R., Norton, P. G., Flintoft, V., Blais, R., Brown, A., Cox, J. et al. (2004). The Canadian adverse events study: The incidence of adverse events among hospital patients in Canada. *Canadian Medical Association Journal*, 170, 1678-1686.

Shohet, L. (2004). Health and literacy: Perspectives. *Literacy and Numeracy Studies*, 13, 65-83.

Statistics Canada. (2005). *Building on our competencies: Canadian results of the International Adult Literacy and Skills Survey* (Rep. No. 89-617-XIE). Ottawa, ON: Ministry of Industry.

Literacy Facts

1. Literacy can have significant effects on whether people get the care they need:
 - 26% of public hospital patients in the US are not literate enough to understand when their next appointment is scheduled¹.
2. Literacy seems to have a relationship to health status:
 - In the US 75% of those who have reported having a long term illness or chronic condition, (more than six months duration) have limited literacy².

¹ CHCS Literacy Fact Sheets, Centre for Health Care Strategies, <http://www.chcs.org/>

² Ibid

3. People with limited literacy are very reluctant to talk about it:
 - 67 % have never discussed it with their spouse
 - 15% have never mentioned it to anyone³
4. Literacy problems are much more common than many believe. In Canada:
 - 22% of adults can't read at all or have serious reading problems
 - Another 26% can only read very simple language⁴

Tips to Improve your Literacy Practice Environment⁵

If a provider thinks a patient is having difficulty understanding written or spoken directions, a good approach may be to say, "A lot of people have trouble reading and remembering these materials. How can I help you?"

Use commonly understood words. For instance, use "keeps bones strong" instead of "prevents osteoporosis."

Slow down and take time to listen to a patient's concerns. Create an atmosphere of respect and comfort. Build trust with the patient.

Limit information given to patients at each visit. Remember that less than half of the information provided to patients during each visit is retained.

For More Information

CHCS Literacy Fact Sheets, Centre for Health Care Strategies, <http://www.chcs.org/>

Weiss, B.D., Health Literacy and Patient Safety: Help Patients Understand – Manual for Clinicians. AMA Foundation, 2007

³ Ibid

⁴ Rootman, I, B Ronson. Literacy and Health Research in Canada. *Canadian Journal of Public Health*. March-April 2005, pp 562 - 577

⁵ CHCS Literacy Fact Sheets, Centre for Health Care Strategies, <http://www.chcs.org/>



Ryerson Bridging Program

In January 2009, the first group of internationally educated physiotherapists began in the new Ryerson Bridging Program. The program was developed in partnership with The Canadian Alliance of Physiotherapy Regulators and Ryerson University, as the lead organizations, and the College, Association, and the Ontario physiotherapy academic programs, as advisors, to help qualified, internationally educated physiotherapists to become registered to practice and employed in Ontario. It targets specific learning needs such as, Canadian healthcare context, professional communication and exam skills preparation.

As the number of internationally educated physiotherapists in Ontario continues to increase it is in everyone's interest to assure "newcomer" physiotherapists are helped to transition into practise as smoothly as possible. The project is currently in the pilot phase and the program will continue to work on strategies for long-term sustainability.

Over 18% of all registered physiotherapists in Ontario are educated outside of Canada. Have you thought about how you can help internationally educated physiotherapists transition into practise in Ontario?

PISA 2009

As a further reminder following notices and emails sent to registrants, the College is pleased to introduce the interactive PISA 2009! In this version, 20 questions are provided in a multiple choice, "True" or "False" format. The new PISA questionnaire is designed to make learning more convenient (and a little more fun).

Why Should I Complete It?

- It's mandatory
- It's private
- It's relevant
- It can be saved
- It's scalable
- It's easy!

Getting Started: Personal Login Information

If you did not receive an email from Claymore, our third party host company, providing the link to the Practice Reflection Portal and detailing your personal username and password to access the portal and your personal account,

please contact techsupport@claymore.ca to have the email re-sent.

It is highly recommended that you watch the short video tutorial when logging in for the first time. At just over 3 minutes in length, it is an excellent introduction to help you get started. The video can be accessed by clicking on the "Introduction" link from the left menu or by clicking on the link at the bottom of the PISA home page.

We hope you find this new format valuable and easy to use. If you have any questions about the PISA process or content, please contact Julie Hahn at 416-591-3828 or 1-800-583-8558 Ext. 229 or jhahn@collegept.org. For technical, software or login issues, contact techsupport@claymore.ca.

Scope of Practice Update

Over the next two to three years, look here for a brief update as changes to physiotherapist authorities under the RHPA are expanded and new standards are developed. More detailed information can be found on the College website at www.collegept.org/Physiotherapists/.

Current Status

- Bill 179 has had 2nd reading in the legislature and is under study by a parliamentary committee. Passing of the legislation is anticipated before year-end.
- The College will make a submission to government in support of the scope of practice changes (this will be posted on our website once it is released).
- No date for the implementation of the new scope and authorities has been determined.
- College Council has begun a process to develop the model on which new standards will be based.

Coming Soon

- Perspectives - Applied Practice Edition - Fall
- E-Learning Modules
 - Consent - August
 - Ethics - October