

References- Evidence-based Ed Strategies for HL Competency in NP Students

- Barsell, D. J., Everhart, R. S., Miadich, S. A., & Trujillo, M. A. (2018). Examining health behaviors, health literacy, and self-efficacy in college students with chronic conditions. *American Journal of Health Education*, 49(5), 305-311. doi:10.1080/19325037.2018.1486758
- Batterham, R. W., Hawkins, M., Collins, P. A., Buchbinder, R., & Osborne, R. H. (2016). Health literacy: Applying current concepts to improve health services and reduce health inequalities. *Public Health*, 132, 3-12. doi:http://dx.doi.org.proxy.lib.ohio-state.edu/10.1016/j.puhe.2016.01.001
- Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine*, 155(2), 97-107.
- Brega, A. G., Barnard, J., Mabachi, N. M., Weiss, B. D., DeWalt, D. A., Brach, C., . . . West, D. R. (2015). *AHRQ health literacy universal precautions toolkit*. (AHRQ No. Publication No. 15-0023-EF). Rockville, MD.: Agency for Healthcare Research and Quality. ((Prepared by Colorado Health Outcomes Program, University of Colorado Anschutz Medical Campus under Contract No. HHS290200710008, TO#10.))
- Cannon, S. & Boswell, C. (Ed.). (2016). *Evidence-based teaching in nursing: Foundation for educators* (2nd ed. ed.). Burlington, MA: Jones & Bartlett Learning.
- Coleman, C. A., Hudson, S., & Maine, L. L. (2013). Health literacy practices and educational competencies for health professionals: A consensus study. *Journal of Health Communication*, 18(1), 82-102. doi:10.1080/10810730.2013.829538
- Dawkins-Moultin, L., McDonald, A., & McKyer, L. (2016). Integrating the principles of socioecology and critical pedagogy for health promotion health literacy interventions. *Journal of Health Communication*, 21, 30-35. doi:10.1080/10810730.2016.1196273
- Devraj, R., Butler, L. M., Gupchup, G. V., & Poirier, T. I. (2010). Active-learning strategies to develop health literacy knowledge and skills. *American Journal of Pharmaceutical Education*, 74(8), 1-9.
- Dickens, C., Lambert, B., Cromwell, T., & Piano, M. (2013). Nurse overestimation of patients' health literacy. *Journal of Health Communication*, 18, 62-69. doi:10.1080/10810730.2013.825670
- Karl, J. I., & McDaniel, J. C. (2018). Health literacy deficits found among educated, insured university employees. *Workplace Health & Safety*, 66(9), 419-427. doi:10.1177/2165079918758773.
- Koh, H. K., Brach, C., Harris, L. M., & Parchman, M. L. (2013). A proposed 'Health literate care model' would constitute A systems approach to improving patients' engagement in care *Health Affairs*, 32(2), 357-367. doi:DO 10.1377/hlthaff.2012.1205
- McCleary-Jones, V. (2016). A systematic review of the literature on health literacy in nursing education. *Nurse Educator*, 41(2), 93-97. doi:10.1097/NNE.0000000000000204
- Sheridan, S. L., Halpern, D. J., Viera, A. J., Berkman, N. D., Donahue, K. E., & Crotty, K. (2011). Interventions for individuals with low health literacy: A systematic review. *Journal of Health Communication*, 16, 30-54. doi:10.1080/10810730.2011.604391
- Toronto, C. E. (2016). Health literacy competencies for registered nurses: An e-delphi study. *Journal of Continuing Education in Nursing*, 47(12), 558-565. doi:10.3928/00220124-20161115-09
- Toronto, C. E., & Weatherford, B. (2015). Health literacy education in health professions schools: An integrative review. *Journal of Nursing Education*, 54(12), 669-676. doi:10.3928/01484834-20151110-02
- Tractenberg, R. E., & Gordon, M. (2017). Supporting evidence-informed teaching in biomedical and health professions education through knowledge translation: An interdisciplinary literature review. *Teaching & Learning in Medicine*, 29(3), 268-279. doi:10.1080/10401334.2017.1287572
- Warren, J. N., Luctkar-Flude, M., Godfrey, C., & Lukewich, J. (2016). A systematic review of the effectiveness of simulation-based education on satisfaction and learning outcomes in nurse practitioner programs. *Nurse Education Today*, 46, 99-108. doi:10.1016/j.nedt.2016.08.023

Some Top Health Literacy Competencies (adapted from Toronto, 2016 and Barton et. al, 2018)

Knowledge Domain: Competency statement (rank) + <<< (15 additional competencies)

Knows that everyone, regardless of literacy level, benefits from and prefers clear plain language communication. (1)

Knows that “You can’t tell who has low health literacy by looking.” (2)

Knows which kind of words, phrases, or concepts may be jargon to patients. (3)

Knows best practice principles of plain language and clear health communications for oral & written communication. (4)

Knows that adults with low literacy tend to experience shame, and hide their skills from health professionals. (5)

Recognizes “red flag” behaviors, which may suggest a patient has low health literacy. (6)

Knows that patients learn best when a limited number of concepts are presented at any given time. (7)

Skills Domain: Competency statement (rank) + <<< (9 additional competencies)

Demonstrates ability to speak slowly and clearly with patients. (1)

Demonstrates ability to use common familiar lay terms, phrases, and concepts, appropriately define unavoidable jargon, and avoid using acronyms in oral and written communication with patients. (2)

Demonstrates ability to use verbal and nonverbal active listening techniques when speaking with patients. (3)

Demonstrates effective use of teach back or show me technique for assessing patients’ understanding. (4)

Demonstrates ability to elicit patient’s prior understanding of their health issues in a non-shaming manner (i.e., asks “What do you already know about high blood pressure?”). (5)

Demonstrates ability to recognize, avoid, and constructively correct the use of medical jargon, as used by others in oral and written communication with patients. (6)

Attitudinal Domain: Competency statement (rank) + <<< (6 additional competencies)

Exhibits the attitude that all patients are at risk for communication errors, and that one cannot tell who is at risk of communication errors simply by looking, or through typical health care interactions- a universal precautions approach is required with all patients. (1)

Expresses the attitude that effective communication is essential to the delivery of safe high-quality health care. (2)

Expresses the attitude that every patient has the right to understand their health care, and that it is the health care professional’s duty to elicit and ensure patients’ best possible understanding of their health care.(3)

Expresses a non-judgmental, non-shaming, respectful attitude towards individuals with limited literacy (or health literacy) issues. (4)

Acknowledges that all patients regardless of circumstances require clear communication and should not be associated with any one characteristic or demographic. (5)

Expresses acceptance of an ethical responsibility to facilitate the two-way exchange of information in “shared decision making” to the degree and at the level desired by the patient and their family/supports. (6)

Oral communication (medical interpreter use); **Written communication** (hearing use, 5-6th grade reading level); **Environmental communication** (anticipates barriers/uses navigators); **Engagement, empowerment, & activation** (routinely elicits full list of patient concerns at outset of encounters, preferred learning style, emphasizes 1-3 “need to know/do” concepts during encounter)

Barton, A. J., Allen, P. E., Boyle, D. K., Loan, L. A., Stichler, J. F., & Parnell, T. A. (2018). Health literacy: Essential for a culture of health. *Journal of Continuing Education in Nursing*, 49(2), 73-78. doi:10.3928/00220124-20180116-06

Toronto, C. E. (2016). Health literacy competencies for registered nurses: An e-delphi study. *Journal of Continuing Education in Nursing*, 47(12), 558-565. doi:10.3928/00220124-20161115-09