

Development of a Patient Education Newsletter in an Oncology Pharmacy Practice

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INTRODUCTION

Little has been written about the role of patient education newsletters in health care and even less about their use in pharmacy practice. A patient education newsletter has the potential to fulfill several roles. It can allow direct communication with patients, family members, and others in the community.¹ It is an efficient means of communication, in that patients often have similar questions and concerns.^{1,2} A newsletter may also facilitate communication by stimulating patients to discuss issues that they might not otherwise mention.¹ Lastly, patient newsletters are a much-needed source of accurate and easy-to-understand health information in the community.¹

In response to the results of a patient survey,³ the Cross Cancer Institute Pharmacy Department of the Alberta Cancer Board developed a patient education newsletter. The survey, which was circulated at each of the 15 pharmacies of the Alberta Cancer Board (2 tertiary sites in Edmonton and Calgary and 13 community cancer centres), indicated which services were desired by patients of the Pharmacy Department. Seventy-eight percent of the 114 respondents felt that a newsletter would be useful to them; this was the highest-rated of 13 services proposed in the survey. The objective of this project was to develop 12 monthly newsletters on pharmacy-related topics of interest to cancer patients.

DESIRABLE FEATURES OF A PATIENT EDUCATION NEWSLETTER

In developing a newsletter, content and readability are the 2 most important considerations. Content that serves the needs of patients best and most easily facilitates learning is the objective. Information that patients need and want to know should be included.^{4,5} In deter-

mining what patients *need* to know, it is necessary to consider what the patient must do or know to manage their disease or condition.⁶ In determining what patients *want* to know, it is necessary to consider the type of information that will assist them in improving their well-being or solving their immediate problems.⁷ Patients are less interested in factual information, since they may be unsure of how to interpret it. They may be unable to use such information to draw conclusions and develop a desired course of action.⁷ Instead, "how-to" information is most relevant for patients.⁷

The second important feature of a newsletter is readability. Patients must be able to understand the information before they can gain any benefit from it. A number of writing techniques can be used to increase readability. These include writing in the active voice and the second person;⁷ using short words, sentences, and paragraphs;⁵ avoiding medical jargon; using common words and defining any special terms;⁵ restricting the focus to need-to-know (rather than nice-to-know) information;⁵ presenting the context of a statement first;⁷ organizing information by using headings and subheadings;⁷ and using lists wherever possible to make text easier to understand.⁴

One indicator of readability is grade level. Often, there is a discrepancy between the grade level of written education materials and the reading ability of the intended patient audience. One study evaluated 30 pamphlets written for cancer patients and found that only 27% of the patients sampled had reading levels compatible with the grade level of the pamphlets.⁸ A second significant finding was that the reading level of patients was, on average, 3 grade levels below their last grade of schooling completed.⁸

The readability of written educational material can also be enhanced by elements of the layout. These

include a font size of at least 12 points,^{6,7} a serif type such as Times New Roman,^{6,7} ragged right alignment,⁷ a line length of approximately 45 characters^{7,9} (which can be created by using a 2-column format), graphic elements that define the horizontal and vertical placement of text,⁴ and the use of white space.^{5,9} White space is increased by the use of lists and ragged right alignment.

The type of paper that is used for a newsletter is also a consideration in readability. Nonglossy paper avoids the problem of glare, which can make reading difficult for people with poor vision,⁶ and light-coloured paper provides maximum contrast with black type.^{6,9}

All of these elements of content and readability were considered in the development of the newsletter.

DEVELOPMENT OF THE NEWSLETTER

The newsletter was written by a second-year pharmacy student (E.R.P.) as part of a summer career placement program. Approximately 300 h were spent developing 12 issues of the doubled-sided, single-page newsletter.

Generating ideas for articles was the first step. Some ideas came from scanning textbooks, journals, the Internet, and patient information sources such as books and pamphlets. Ideas for content also came from talking to other staff, such as the patient advocate and volunteers in the Cancer Information Centre. In addition, pharmacy staff were encouraged to post suggestions on a departmental bulletin board.

Once a topic was chosen, information was gathered from journal articles, textbooks, the Internet, and books and pamphlets written for patients. A rough draft was written, with content being the most important consideration. Information in the articles was kept fairly general to appeal to a large number of patients. Because drug-specific patient information sheets providing information on managing side effects were already available, this issue was not a significant focus of these newsletters. However, select side effects such as mild nausea and mild stomatitis, which a patient may have a role in managing, were included.

The rough draft of each newsletter article was reviewed by a pharmacist (A.D.T.) for consistency with current practices of the Alberta Cancer Board and appropriateness for the general public.

Assessment of grade level was the next step in developing the newsletter. Microsoft Word for Windows 95, version 7.0, was used to calculate the Flesch-Kincaid Grade Level Index^{8,10} of each article in the newsletters. A grade level of 8.0 is the cut-off normally used for patient education materials produced by the Alberta Cancer Board. For this project, a grade level of 8.5 or less was chosen as the target, to allow for some inflation of the

grade level by specialized medical terms such as drug names. The mean Flesch-Kincaid Grade Level Index for 11 of the 12 issues was 8.1 (grade level could not be calculated for one of the issues [Table 1]).

The newsletters were laid out in Microsoft Word for Windows 95, version 7.0. Graphics from Microsoft clip art and the Internet were used.

The project yielded 12 issues of a 2-page newsletter, incorporating a total of 22 separate articles. There were 6 articles about alternative cancer treatments, 6 articles intended to educate and give general information about cancer-related topics, and 10 articles giving how-to information about specific problems, situations, or medications (Table 1).

One newsletter will be distributed to Alberta Cancer Board patients each month for a year. Possible means of distribution include leaving the newsletters in the waiting area to be picked up, handing them to patients with their prescriptions, distributing them to inpatients, and mailing them to patients who make infrequent visits to the outpatient pharmacies.

DISCUSSION

The roles of a patient education newsletter have been described as fulfilling a need for reliable, easily comprehended health information¹ and serving as a means of distributing information cheaply and effectively.⁹

The primary objective of this newsletter was to educate patients. It has been shown that patients who receive verbal information that is reinforced by written information have better understanding and recall of the information.^{10,11} It has also been shown that an increase in patients' knowledge level and understanding can lead to better compliance with therapy and improved therapeutic outcomes.¹¹ Better compliance and improved outcome are the ultimate goals of any attempt at patient education.

An evaluation of the newsletters by patients should be undertaken to substantiate the usefulness of this patient education tool. Although not within the scope of this project, such an evaluation could be done by including a questionnaire with the newsletter or by interviewing patients⁴ and asking them to rate the usefulness of the material and to offer suggestions for improvement.¹² The evaluation could ask whether patients found that there was too much, not enough, or just the right amount of information and whether they found the language understandable, too complex, or too simple.⁴ It would also be helpful to ask patients to identify topics that they would like to have addressed in future newsletters. To assess whether there is any change in the behaviour or compliance of patients as a result of the newsletter, the evaluation survey could also



Table 1. Summary of Topics for Newsletter Articles

Issue no.	Topic	Category	Reading Level (Grade)
1	Shark cartilage Photosensitivity reactions	Alternative therapy How-to information	7.1
2	Smoking cessation ACB Cancer Drug Benefit Program	How-to information General information	8.4
3	Stomatitis Ginger as an antiemetic	How-to information Alternative therapy	7.9
4	Marijuana as an antiemetic Keeping track of medication	Alternative therapy How-to information	8.3
5	Interferons Essiac	How-to information Alternative therapy	8.3
6	Antiemetics Fecal occult blood tests	General information How-to information	7.8
7	Opioid analgesics Iscador((mistletoe)	General information Alternative therapy	8.5
8	Taste alterations Cancer-related Web sites	How-to information General information	*
9	Travelling with medications What you should know about your medications	How-to information How-to information	8.4
10	Nonprescription analgesics	General information	7.6
11	Vitamins	Alternative therapy	8.5
12	Chemotherapy Safe handling of cytotoxic drugs	General information How-to information	8.1

ACB = Alberta Cancer Board.

* Each Web site address in the article on cancer-related Web sites was treated as one word by Microsoft Word for Windows 95, Version 7.0, so an accurate grade level could not be calculated.

include questions such as “Has the newsletter changed the way you take your medication or the way you handle the side effects of chemotherapy?”

The results of patient feedback should be used to guide changes to the format and content of the newsletters and to provide data relating to the value of the newsletters to cancer patients.

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