

# Literacy Friendly Practices in Irish Pharmacies

Doris J. Ravotas, Ph.D. Coordinator for Interdisciplinary Health Services  
School of Interdisciplinary Health Programs  
Western Michigan University



## Introduction

The Crystal Clear Mark is a unique approach to building literacy friendly health care services.. The mark was developed by the National Adult Literacy Agency (NALA) in partnership with the Irish Pharmacy Union (IPU), Merck, Sharp & Dohme (MSD) and Healthy Ireland.. The C.C. Mark is awarded through a self audit of literacy friendly practices. The goal of this study was to identify the most common and innovative practices that Crystal Clear pharmacies are using. The study was also a formative evaluation aimed at understanding the pharmacists' experiences of applying for the Mark evaluating the process itself.

## Selected Results

**Literacy Friendly Policies:** Applicants built literacy friendly policies into the company's standard operating procedures to align with five areas given in examples by NALA (Table 1). A few pharmacies identified defining features of their community that could affect literacy (multicultural community, elderly, or low income community). Other pharmacies identified plain language resources to be used by staff and training processes for staff.

**Evaluating Literacy Friendly Practices:** 54% of the applicants placed a review of literacy friendly practices on meeting schedules, while another 20% used champions, review of documents, staff encouragement, or patient input to review practices.

**Table 1: Literacy Friendly Policy Statements**

80% Building knowledge and skills of staff
83% Removing barriers
91% Awareness of literacy and numeracy needs.
92% Plain English
95% Evaluation and improvement

## Selected Recommendations to Auditing Process

- Increase emphasis on the use of universal precautions approaches
- Build examples of plain language approaches to using written information into the audit process
- Add evidence-based recommendations into the instructions on medication labels

**9 Crystal Clear standards**

<p><b>Policies and procedures</b></p> <ol style="list-style-type: none"> <li>1 We have a literacy friendly policy in place.</li> <li>2 We have specific procedures to help patients find and use the important information and instructions.</li> </ol>	<p><b>Staff awareness</b></p> <ol style="list-style-type: none"> <li>7 All our staff are aware of literacy friendly work practices.</li> <li>8 Our staff can respond sensitively to the literacy and numeracy needs of our patients.</li> </ol>
<p><b>Communications</b></p> <ol style="list-style-type: none"> <li>3 Our staff use plain English when speaking with patients.</li> <li>4 We use plain English on our medication labels OR in our written information</li> <li>5 We check that patients understand what we have told them.</li> <li>6 The layout of our pharmacy/practice is clear.</li> </ol>	<p><b>Evaluating and improving</b></p> <ol style="list-style-type: none"> <li>9 We regularly evaluate and continually improve our literacy friendly service.</li> </ol>



**Medicine Labels:** Hurdles to best formatting practices include the restrictions of information technology vendors, the wording of warning labels dictated by the British Formulary, regulations by EU and Irish regulatory organizations, and prescriptions written without defining the purpose of medications.

**Table 2: Language Use on Medication Labels**

45% of the labels (59) used vague times taken (2 or 3 times daily) as the main instruction.  
46% of labels contained difficult vocabulary: (i.e." inhalation", and "inflammation")

## Method

- Qualitative review of data submitted for each standard through the application process. Constant Comparison method of Content Analysis to Identify themes
- 4 site visits that included interviews on the Crystal Clear process with the pharmacist applicant, brief talks with the staff in each pharmacy, and pictures of the pharmacy layouts.
- Interviews with program organizers

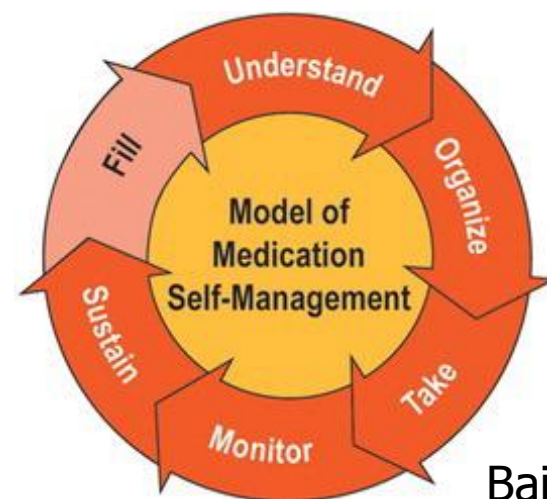
**Checking for Understanding:** Applicants gave many good examples of the use of teach back and or show back techniques. Yet, few examples illustrated teach back specifically correct vague label instructions and many implied teach back was used only for identified low literacy customers.

**Table 3: Check for Understanding**

92% Examples of Teach Back or Show Back

- 2% of the above included clarification of vague instructions on medication labels.
- 3% maintained vague instructions in teach back

## Importance of Pharmacists



Pharmacists are the most likely health providers to help with each step of the challenge of medication adherence.

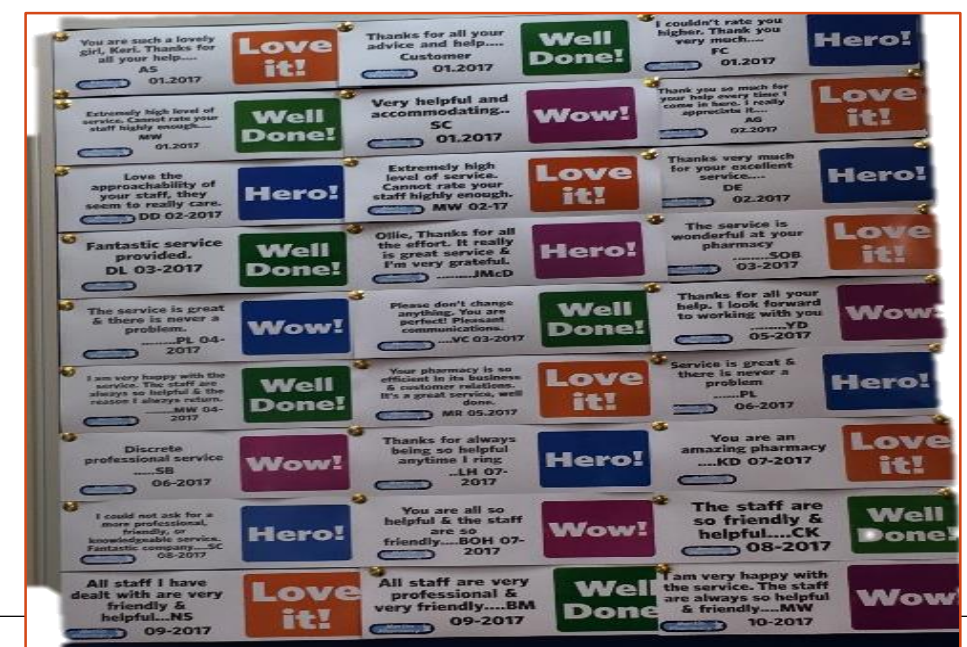
Bailey, 2013

**Table 4: Use of Written Materials in Counseling**

43% Simple referencing of the product information leaflet (PIL) and/or medication label for source of additional information  
12% highlighted or used stickers for important parts of PIL or medication label  
11% Used additional written or web information specifically written in plain English

**Training and Support of Staff:** A number of applications and/or interviews included ways in which pharmacy staff are educated in support of their literacy friendly activities. These include: posting the Literacy Friendly Policy or plain language reminders in strategic places, using the NALA audit resources for training purposes, encouraging and implementing staff ideas, and posting feedback from patients praising staff efforts.

**Label Guidelines**  
Keep it simple  
No jargon  
Clear instructions



## Conclusions

- The main benefit of applying for the Crystal Clear Mark is increased daily awareness. This awareness transforms into problem solving and actions that enable patient understanding.
- All of the pharmacies that were interviewed adopted new approaches from the audit process itself and they felt validated for the literacy friendly work they were already doing.
- An auditing process like this can be adjusted to include evolving evidence based practices and replicated in other programs

## Selected References

Bailey, S., C., Oramasionwu, C. U. (2013). Rethinking adherence: A health literacy-informed model of medication self-management. *Journal of Health Communication*, 18:20-30. doi: 10.1080/10810730.2013.825672.

Collins, S., Barber, A. and Sahn, L. (2014). Pharmacist's counselling improves patient knowledge regarding warfarin, irrespective of health literacy level. *pharmacy*. 2. 114-123. doi: 10.3390/Pharmacy2010114.

Cronin, M., O'Hanlon, S., O'Connor, M. (2011). Readability level of patient information leaflets for older people. *Irish Journal of Medical Science*. 180 (139-142). DOI: 10.1007/s11845-010-0624-x.

Wolf, M, et. al. (2011). Effect of standardized, patient-centered label instructions to improve comprehension of prescription drug use. *Medical Care*. 49(1). 96-103