

PROGRAMS AND PRACTICE SUPPORT DEPARTMENT DÉPARTEMENT DES PROGRAMMES ET DU SOUTIEN À LA PRATIQUE

# Patient Education Content Review Guidelines

# Provided by Patient Education Committee and Programs and Practice Support Department October 2018

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# **Patient education content review guidelines**

The Patient Education Committee (PEC)—a standing committee of the College of Family Physicians of Canada (CFPC)—coordinates the development and dissemination of high-quality and up-to-date patient-centred health information. It also provides input on the CFPC's patient education initiatives and services that support members and the public.

The PEC <u>web page</u> currently houses online informational brochures on various topics of interest that patients and family physicians can access at the point of care as they work together to enhance patients' understanding of their health conditions and needs.

### The PEC's areas of focus

- Coordinating and assisting the CFPC in the development and dissemination of patient education resources and other initiatives to support family physicians in the care of their patients
- Facilitating the critical appraisal of externally produced patient education resources that are brought to the PEC for consideration
- Collaborating with other CFPC committees and Chapters to ensure the availability of highquality, appropriate, patient-centred health information

### How to submit a request

- Send CFPC committee and Chapter requests for reviews of patient education materials to <a href="mailto:pps@cfpc.ca">pps@cfpc.ca</a> for the PEC's consideration; please note that only patient education content will be reviewed if the request is accepted
- Ensure that the group submitting material for consideration has already reviewed the content, approved all content related to the referring group's domain of expertise, and agreed to engage the PEC for further assistance regarding the content's literacy and acceptability
- Describe the specific questions you have for the PEC regarding the purpose of the review
- Once the PEC has reviewed the submission, the Coordinator will send you feedback on your request and describe the next steps

For more information about the PEC, visit the <u>website</u> or contact Sheila Hu, Coordinator, at <u>shu@cfpc.ca</u> or 906-639-0900 ext. 262.

Following are flow diagrams of the screening process for educational materials submitted to the PEC for inclusion on its web pages.

#### Figure 1a: Materials approved for posting



Figure 1b: Materials not approved for posting



Figure 2: Content review focus areas

ocus areas:	Background checking approve Chair	d by physician adviser and committee
1. Who we are	Focus areas:	Forwarding the request to members
2. Services	1. Board members	Forwarding the request to members if Chair has concerns
3. Team	2. Sponsors	Focus areas:
4. Location	3. Partners	1. Ensure the scanning and checking
Pass→Physician adviser	4. Commerical interests	tasks are complete
	screening by coordinator	2. Provide a brief summary of the
	Pass→Physician	process
	adviser→Committee Chair	3. Post information on the website

# **Criteria for content reviews**

Patient education projects, materials, and tools are reviewed and evaluated using the following criteria:

Com	Committee Name: Patient Education					
Desc	Description					
1	<b>Literacy lens:</b> Will this reach the patient populations most in need, using plain language that most audiences understand? Apply SMOG/DISCERN or other objective criteria.					
2	<b>Numeracy lens:</b> Have the numbers been explained in a way that is clear and understandable? See item A in the Appendix.					
3	Digital lens: Is this the right medium for the right audience?					
4	Social justice lens: How does this apply? See item B in the Appendix.					
5	<b>Patient-centredness:</b> Is this needs-based? How will this improve outcomes for the populations we serve?					
6	<b>Cost-effectiveness</b> : How will this improve the cost-effective delivery of primary care in Canada?					
7	<b>Value to members:</b> How will this help our members provide care in their day-to-day work?					
8	<b>Measurability</b> : Can we evaluate this intervention to determine its impact? How can its impact be measured?					
9	Integration: Does this fit with other tools, guidelines, or CFPC initiatives/priorities?					

10	<b>Cultural competence:</b> Is this culturally adaptable, relevant, and available to different cultural groups and subcultures? Does it meet the needs of Aboriginal patients or communities? Does it require cultural interpreters and/or translators?					
11	Patient consultation: How have patients been involved?					
12	<b>Scholarship involvement:</b> Can PEC members take a lead in writing a paper, become a co- author on a paper, or generate a research question/project?					
13	<b>Professional development:</b> Can we integrate this in continuing professional development or education activities such as Family Medicine Forum? Is it relevant to medical students and family medicine residents?					
14	Applicability: Can this be applied widely to improve primary care in Canada?					
*15	<b>Patient Decision Aid Standard</b> : Only use the International Patient Decision Aid Standards (IPDAS) Patient Decision Aid <u>checklist</u> for reviewing patient decision aids materials. See item C in the Appendix.					
*16	<b>The National standard for support of accredited CPD activities:</b> Any decision made by the PEC will be held to the standard articulated in the national standard document (effective January 2018). See item D in the Appendix.					

\*Go to the <u>survey website</u> to review an online stand-alone DISCERN questionnaire.

# **Patient education content review**<sup>1</sup>

The DISCERN Instrument has been adapted as the basis of the CFPC Patient Education Content Review Guidelines including publications such as pamphlets and brochures, as well as websites and other tools.

We would like to thank the University of Oxford for the permission to use the DISCERN Instrument for the CFPC Patient Education Content Review Guidelines.

Guidelines for rating questions:

- Select **5** if your answer is a definite Yes—the quality criterion has been completely fulfilled
- Select **2 to 4** if you feel that the item meets the criterion to some extent; how high or low you rate partially depends on your judgment of the extent of any shortcomings
- Select **1** if your answer is a definite No—the quality criterion has not been fulfilled at all

## Section 1: Is the publication/website/tool reliable?

#### 1. Are the aims clear?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for a clear indication at the beginning of the publication/website/tool (item):

- What is it about?
- What is it meant to cover (and what topics are meant to be excluded)?
- Who might find it useful?

<sup>&</sup>lt;sup>1</sup> University of Oxford, Division of Public Health and Primary Health Care, at the Institute of Health Sciences. DISCERN online. Available from: <u>www.discern.org.uk</u>. Accessed: 2017 November.

If your answer is No, go directly to Question 3.

#### 2. Does it achieve its aims?

No		Partially		Yes
1	2	3	4	5

#### HINT

Consider whether the item provides the information it aimed to as outlined in Question 1.

#### 3. Is it relevant?

No		Partially		Yes
1	2	3	4	5

#### HINT

Consider whether:

- o The item addresses the questions that readers might ask
- Recommendations and suggestions concerning treatment choices are realistic or appropriate
- 4. Is it clear what sources of information were used to compile the item (other than the author or producer)?

No		Partially		Yes
1	2	3	4	5

#### HINT

- Check whether the main claims or statements made are accompanied by a reference to the sources used as evidence, e.g. a research study or expert opinion
- Look for a means of checking the sources used such as a bibliography/reference list or the addresses of the experts or organizations quoted, or external links to the online sources

Note: In order to score a full **5** the item should fulfill both hints. Lists of additional sources of support and information (Question 7) are not necessarily sources of evidence for the current item.

#### 5. Is it clear when the information used or reported in the item was produced?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for:

- o Dates of the main sources of information used to compile the item.
- Date of any revisions of the item (but not dates of reprinting in the case of print publications)
- o Date of item (copyright date).

Note: The hints are placed in order of importance—in order to score a full **5**, the dates relating to the first hint should be found.

#### 6. Is it balanced and unbiased?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for:

- A clear indication of whether the item is written from a personal or objective point of view
- Evidence that a range of information sources was used to compile the item (e.g., more than one research study or expert)
- o Evidence of an external assessment of the item

#### Be wary if:

- The item focuses on the advantages or disadvantages of one particular treatment choice without reference to other possible choices
- The item relies primarily on evidence from single cases (which may not be typical of people with this condition or of responses to a particular treatment)
- The information is presented in a sensational, emotive, or alarmist way

#### 7. Does it provide details of additional sources of support and information?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for suggestions for further reading or for details of other organizations providing advice and information about the condition and treatment choices.

#### 8. Does it refer to areas of uncertainty?

No		Partially		Yes
1	2	3	4	5

#### HINT

- Look for a discussion about the gaps in knowledge or differences in expert opinion concerning choices.
- Be wary if the item implies that the choices affect everyone in the same way (e.g., 100 per cent success rate with a particular treatment)

### Section 2: How good is the quality of information?

Note: The questions apply to the treatment(s) described in the item. Self-care is considered a form of treatment throughout this section.

#### 9. Does it describe how each works?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for a description of how a treatment acts on the body to achieve its effect.

#### 10. Does it describe the benefits of each treatment or option?

No		Partially		Yes
1	2	3	4	5

#### HINT

Benefits can include controlling or getting rid of symptoms, preventing recurrence of the condition, and eliminating the condition, both short and long term.

#### 11. Does it describe the risks of each treatment?

No		Partially		Yes
1	2	3	4	5

#### HINT

Risks can include side effects, complications, and adverse reactions to treatment, both short and long term.

#### 12. Does it describe what would happen if no treatment is used?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for a description of the risks and benefits of postponing treatment, watchful waiting (i.e., monitoring how the condition progresses without treatment), or permanently foregoing treatment.

#### 13. Does it describe how the treatment choices affect the overall quality of life?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for:

- o Description of the effects of the treatment choices on day-to-day activity
- Description of the effects of the treatment choices on relationships with family, friends, and carers

#### 14. Is it clear that there may be more than one possible treatment choice?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for:

- A description of who is most likely to benefit from each treatment choice mentioned, and under what circumstances
- Suggestions of alternatives to consider or investigate further (including choices not fully described in the item) before deciding whether to select or reject a particular treatment choice

#### 15. Does it provide support for shared decision making?

No		Partially		Yes
1	2	3	4	5

#### HINT

Look for suggestions of things to discuss with family, friends, doctors, or other health care professionals concerning treatment choices.

### Section 3: Overall rating of the publication/website/tool

16. Based on the answers to all of the above questions, rate the overall quality of the item as a source of information about treatment choices

Low		Moderate		High
Serious or extensive shortcomings		Potentially important but not serious shortcomings		Minimal shortcomings
1	2	3	4	5

#### What the question is about and why it is important

Question 16 is an intuitive summary of your responses to the preceding 15 questions. All items will have deficiencies, and it is unlikely that any one item will rate high on all of the questions. However, after completing all of the DISCERN questions, you should have developed some feeling for the overall quality of the item which will help you decide whether it is a useful and appropriate source of information about your treatment choices.

#### **Rating the question**

The following guidelines should help you rate this question, but your judgment is also very important. It may encourage you to know that during the development and testing of the instrument, users independently reached similar conclusions about the overall quality of the items they were rating even though we did not provide specific instructions for this question. DISCERN has been designed to help you develop your critical skills, so trust your own opinion!

Guidelines for rating the question:

- **High (5)**: the item rated high (4 or above) on most questions. A high overall quality rating indicates the item is good—it is a useful and appropriate source of information about treatment choices.
- **Moderate (3)**: the item was rated high and low on a similar number of questions or most questions were rated in the mid-ranges (3). A moderate overall quality rating indicates the publication is fair—it is a useful source of information about treatment choices but has some limitations. Additional information or support would definitely be needed.
- Low (1): the item rated low (2 or below) on most questions. A low overall quality rating indicates the item is poor—it has serious shortcomings and is not a useful or appropriate source of information about treatment choices. It is unlikely to be of any benefit and should not be used.

## Appendix

A. Dr. G. Michael Allan presentation: Numeracy, communication and shared decision making



B. The CFPC Social Justice Lens Worksheet; completed for the PEC Prevention in Hand project— Web material/sites review



C. International Patient Decision Aid Standards (IPDAS) Collaboration. *IPDAS 2005: Criteria for Judging the Quality of Patient Decision Aids* 



D. The National Standard for Support of Accredited CPD activities

