



BEYOND the BROCHURE

Create Patient Education Materials that Connect with Patients

By Brian Justice

After a practice visit, the next step a patient takes is crucial: departing with the information they need to adhere to treatment, speed recovery, and stay healthy.

Understanding those materials depends on thoughtful delivery, especially with the many communication channels available today. That information must be both convenient and easily understood, regardless of the patient's literacy level, physical abilities, or language.

"The way practices share education allows information to be delivered throughout the entire care journey," says Kathleen Shortridge, MS, RN, program director of patient and family education for Chicago-based Endeavor Health. "This supports more connected engagement and helps patients understand what to expect before, during, and after care."

Info To-Go

All aspects of health care are becoming more complicated, and that includes patient education materials—so much so that governmental and regulatory agencies such as the Department of Health and Human Services, the Agency

for Healthcare Research and Quality,¹ and the Centers for Disease Control and Prevention² provide guidance for creating uniform and easily understood communication materials, including directions for measuring readability, accuracy, and accessibility.

Mikee Wyszynski, CMA (AAMA), who works at Duly Health and Care in Romeoville, Illinois, sees this complexity firsthand. "Sometimes updates don't make it into the print material," he says. "Then it's in my hands."

Patient education materials must meet a diverse range of needs for a similarly diverse patient population. Often, using mixed media works best to address unique patient needs.³ Various formats are being used in practices, including videos, interactive tutorials, and information distributed through electronic patient portals.¹

"We send education content through our patient portal," says Robin Atkins, CMA (AAMA), who works at Augusta University Student Health Services in Augusta, Georgia. "We also have a Roku channel, College Health, playing in our waiting room with short educational videos geared toward college-age students. Short, focused education material

works best for that age group."

"Online patient portals have improved the way we educate patients," confirms Angela Murphy, MEd, RN, CHES, manager of organizational health literacy and patient education with Henry Ford Health in Detroit. "They also provide a feedback loop that didn't exist when we had only printed material. Now, we can see when the material was opened and how far the patient scrolled through it."

These digital tools allow patients to access their laboratory results and instructions, as well as ask follow-up questions at any time and from home.

"We have a patient portal that I regularly send consent forms and educational materials through," says Anika Foster-Powell, CMA (AAMA), who works at Northwest Rheumatology Associates in Portland, Oregon. "Our own site has information on diagnoses and medications, along with direct links to other websites that patients can access directly."

Materials are also becoming increasingly customized through multiple formats, from large print and braille versions to captioned and sign language videos.¹ Major health care

ACCESSIBILITY MATTERS

Literacy, language, and readability remain barriers to understanding health information, and federal resources and plain-language standards are helping to close the gap.

As of 2024, 21% of American adults were illiterate.⁶ “Many of our patients have high rates of illiteracy or limited literacy, especially about health,” says Taylor Mora, BSHCA, CCMA-AS, who works at the Native American Health Center in Oakland, California. “The more we use pictures or pictograms and plain, everyday language, the more helpful it is.”

The Plain Writing Act of 2010 requires that all federal agencies use language that the public can “understand the first time they read or hear it.”² “All patient education materials should be written at a 4th- to 6th-grade reading level,” advises Kathleen Shortridge, MS, RN. Fortunately, ever-expanding technology is helping creators adhere to that standard. Artificial intelligence is making it easy to check reading levels and ensure that people are receiving information that they can understand, she adds: “That includes cultural references, imagery, examples, and voice styles selected for different backgrounds and identities, which makes the patient feel respected and represented.”

There is easily accessible federal help too. The Centers for Disease Control and Prevention offers materials in more than 25 languages, and the National Institute of Health offers materials in more than 50 languages. Both address a wide range of topics, ranging from common ailments to end-of-life care.⁴

organizations, such as the American Heart Association, American Stroke Association, and American Diabetes Association, also provide patient education materials with detailed information and advice.⁴

On the Same Page

These education materials must help patients participate in their own care, so they should be written as plainly as possible, present the most important information first, aim for sentences of 20 words or fewer, and be in the active voice.⁵ For example, materials could say “Take your medication with food” instead of “Medication should be taken with food,” or “Your physician will call you with the results” rather than “You will be contacted by your physician.” Even these small shifts make information easier to read, remember, and act on.

Health care professionals may easily slip into using jargon. As much as possible, use terms that are simple and to the point—“high blood pressure” instead of “hypertension,” “heart attack” rather than “myocardial infarction,” and so on.² These

simple substitutions make messaging more readable and to the point.

Spread the Word

As patient education materials become more varied, sophisticated, and accessible, medical assistants’ role must expand too. Medical assistants can usually tell when a patient does not fully grasp their diagnosis, recommendations, or follow-up plans. Now medical assistants must be navigators, helping patients understand health information across platforms other than print.

“As a medical assistant, my job is to bridge the gap between the patient and the provider,” says Amanda Kulesza, CMA (AAMA), of Pascack Valley Medical Group in Emerson, New Jersey. “Sometimes that means explaining a treatment in simpler terms than the provider offered. If a patient requires a different resource and we don’t have something readily available, I’ll generate an information sheet or suggest adding it to our company’s materials.”

This process begins with assessing each patient’s preferred learning style, what infor-

mation they need, their concerns, and potential barriers to learning. The next steps are to plan with the patient, agree on realistic learning objectives, and select resources that fit the patient’s needs.³ Medical assistants are often the ones who make these real-time adjustments, translating clinical instructions into plain, actionable steps that match the patient’s readiness, language, and confidence level.

People Make the Difference

Clear, accurate, and accessible patient education is essential to improving outcomes and building trust between patients and their care teams. As materials evolve and technology expands, so too must the human connection that brings them to life. While technology often allows for continuous communication and access to resources, medical assistants provide the empathy, context, and adaptability that software cannot. Medical assistants, clinicians, and educators must work together to ensure that every patient not only receives information but also understands how to use it to stay healthy. ♦

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