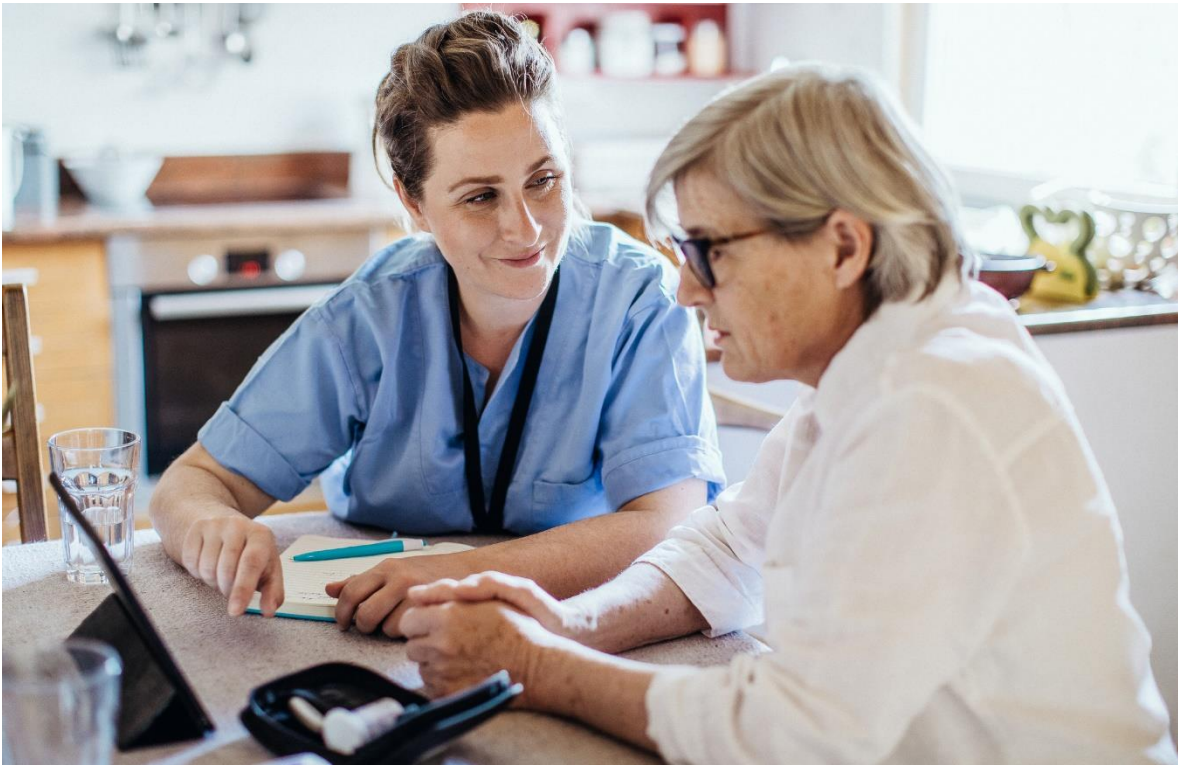




OHSU Health Literacy Symposium

Innovating for Better Results in Health Care,
Education, and Research



Thursday, October 16, 2025

OHSU Auditorium

11:30 a.m. – 5 p.m.

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Acknowledgements

We would like to thank the many OHSU members who helped make the second annual OHSU Health Literacy Symposium possible through their volunteerism, support, and financial contributions.

OHSU Health Literacy Symposium Planning Committee

Cliff Coleman, M.D., MPH, Chair
Samantha Birk, M.S., Vice Chair
Brandi Fleck, B.S.
Lia Sebring, M.S.
Larissa Yoshino, MPH

OHSU Health Literacy Workgroup

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Megan Pugmire, B.A.
Lia Sebring, M.S.
Larissa Yoshino, MPH
Meredith Zauflik, MPA

OHSU Brand Strategy and OHSU Center for Ethics in Health Care for cohosting the symposium.

OHSU Provost, Marie Chisholm-Burns, for sponsoring the attendance of OHSU students.

TalkOregon for sponsoring the attendance of GME learners and faculty who teach in the program.

Thank you to OHSU Center for Ethics staff, Dave Hoyt and Safa Sohail, MBA, for their guidance, feedback, and assistance during the symposium and in planning the event. A special thank you to everyone who helped share news about the symposium and encouraged others to attend, especially Mariana Phipps who helped make sure the symposium received much visibility on internal OHSU platforms.

Presenters

Keynote Speaker

Mary Ann Abrams, M.D., MPH

Clinical Assistant Professor, Ohio State University College of Medicine

GME Quality Improvement Medical Director, Nationwide Children's Hospital

All Speakers

Mary Ann Abrams, M.D., MPH

Clinical Assistant Professor, Ohio State University College of Medicine

GME Quality Improvement Medical Director, Nationwide Children's Hospital

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Larissa Yoshino, MPH
Data and Communication Manager, University Center for Excellence in Developmental Disabilities

Recording & Photography Notice

Please note that all plenary sessions, including Q&A and group discussions, will be recorded. A photography has been hired for the event and will be taking pictures, including photos of the crowd. Please contact the OHSU Center for Ethics if you have any questions.

Contact

For questions and general information about the symposium, please contact Samantha Birk by email: strain@ohsu.edu

Disclosures

OHSU Health Literacy Symposium
October 16, 2025

FACULTY DISCLOSURE INFORMATION

In accordance with the requirements of the ACCME's Standards for Integrity and Independence in Accredited Continuing Education, each person involved in the development or delivery of this CME activity has been asked to disclose any financial relationships with ineligible companies (defined as: any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients). In addition, all members of the Continuing Professional Development office have nothing to disclose. All of the financial relationships listed for these individuals have been mitigated.

PROGRAM PLANNING COMMITTEE

Samantha Birk, MS	Nothing to Disclose				
Clifford Coleman, MD, MPH					
	Name of commercial interest		What is the relationship?		
	Humana Inc		Speaker		
					What was received?
					Honorarium
Brandi Fleck, BS	Nothing to Disclose				
Lia Sebring, MS	Nothing to Disclose				
Larissa Yoshino, MPH	Nothing to Disclose				

INSTRUCTORS/MODERATORS

Mary Ann Abrams, MD	Nothing to Disclose								
Clifford Coleman, MD, MPH									
	<table><tr><th>Name of commercial interest</th><th>What is the relationship?</th><th></th><th>What was received?</th></tr><tr><td>Humana Inc</td><td>Speaker</td><td></td><td>Honorarium</td></tr></table>	Name of commercial interest	What is the relationship?		What was received?	Humana Inc	Speaker		Honorarium
Name of commercial interest	What is the relationship?		What was received?						
Humana Inc	Speaker		Honorarium						
Kiersi Coleman, BSW	Nothing to Disclose								
Brandi Fleck, BS	Nothing to Disclose								
Banning Hendriks, MBA	Nothing to Disclose								
Marisa Hori, MD	Nothing to Disclose								
Briana Ketterer, M.D.	Nothing to Disclose								
Noami McClure, MD	Nothing to Disclose								
Mackenzie Murphy, MD	Nothing to Disclose								
Triana Nagel, BS, CIP	Nothing to Disclose								
Megan Pugmire, BA	Nothing to Disclose								
Lia Sebring, MS	Nothing to Disclose								
Donn Spight, M.D., FACS, FASMB	Nothing to Disclose								
Larissa Yoshino, MPH	Nothing to Disclose								

Learning Objectives

The OHSU Health Literacy Symposium aims to showcase clear communication strategies and campus projects to more effectively engage with patients, research participants, and community members across OHSU's many programs. OHSU Faculty, staff, learners, and administrators will be inspired by innovative approaches to help OHSU reach the ambitious goal of becoming a model health literate organization. You'll learn how to:

- Describe organizational health literacy and describe the elements of a health literate organization.
- Identify current communication barriers that affect health-related outcomes.
- Identify clear communication strategies to improve equitable access to understandable information in clinical, educational, and research settings.

Accreditation: Oregon Health & Science University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Credit: OHSU School of Medicine designates this live activity for a maximum of 3.5 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with extent of their participation.

Evaluation Survey

Thank you for attending the OHSU Health Literacy Symposium. We would appreciate your feedback by taking this quick survey. It should only take 2-3 minutes.

Survey link: <https://tinyurl.com/2025OHSUHL5>

Access by QR code:



Agenda

11:30 – 12:30	Poster Session & Lunch		Great Hall
12:30 – 12:35	Symposium Opening & Overview <i>Cliff Coleman, MD, MPH</i>		AUD 260
12:35 – 12:40	Reflection From the Past Year <i>Megan Pugmire, BA</i>		AUD 260
12:40 – 12:50	Welcome – OHSU Health Literacy Symposium <i>Donn Spight, MD, FACS</i> (With introduction by Megan Pugmire, BA)		AUD 260
12:50 – 1:45	Advancing as Health Literate Health Organizations to Achieve Health and Well-being <i>Mary Ann Abrams, MD, MPH</i> (With introduction by Cliff Coleman, MD, MPH)		AUD 260
1:45 – 2:00	Break		
2:00 – 2:50	Breakout Session 1		
	AUD 260	AUD 210	AUD 217
	Evaluating the Health Literacy Environment of Care <i>Megan Pugmire, BA</i>	Completing Document Reviews <i>Lia Sebring, MS</i>	Building the Case for Health Literacy <i>Banning Hendriks, MBA</i>
2:50 – 3:00	Break		
3:00 – 3:50	Breakout Session 2		
	AUD 260	AUD 210	AUD 217
	How Do We Know? Modeling, Training, and Evaluating Teach-back for Learners in Health Settings <i>Mary Ann Abrams, MD, MPH</i>	Making Information Accessible for People with Disabilities <i>Larissa Yoshino, MPH & Kiersi Coleman, BSW</i>	Using Health Literacy & Regulatory Language in Consent Forms <i>Brandi Fleck, BS & Traina Nagel, BS, CIP</i>
3:50 – 4:00	Break		
4:00 – 4:50	ADAPT: A Feedback Framework. We Don't Always Get it Right. Tools to Provide Feedback for a More Health Literate Organization. <i>Briana Ketterer, MD, MS, Marisa Hori, MD, Naomi McClure, MD & Mackenzie Murphy, MD</i>		AUD 260
4:50 – 5:00	Closing Remarks & Evaluations <i>Cliff Coleman, MD, MPH</i>		AUD 260

Handouts

Data & Voice Buffet — Handout

*Use this to build your 2-minute SBAR pitch with at least one metric and one audience voice element.
Keep it practical, plain, and pilot-ready.*

How to Use This Handout

1. Pick a use case or problem you would like to solve (discharge instructions, pre-op reminders, MyChart messages, signage, interpreter workflow).
2. Choose ONE metric and ONE audience voice artifact from the buffet below (or add your own) that illustrates the problem.
3. Draft your SBAR (Situation, Background, Assessment, Recommendation) using the template.
4. Give a 2-minute pitch!

A) Metrics Buffet (pick ≥1)

Use one of the examples below or fill in what you will cite. Use real local data examples if available.

Domain	Example Metrics
Safety & Quality	• 30-day readmissions tied to medication confusion • Near-miss reports referencing unclear instructions
Experience	• Patient survey communication items • Press Ganey comment themes • Post-discharge call 'clarification needed' rate
Operations & Cost	• After-visit phone calls about instructions • No-show rates • Throughput delays tied to unclear prep instructions
Equity & Access	• Interpreter utilization vs. estimated need • Language mix • MyChart access rates
Compliance & Risk	• DNV standards • Section 1557 requirements • Internal policy gaps
Other	

B) Audience Voice Buffet (pick ≥1)

Choose a real quote/story if you have one. If not, use a prompt to build an authentic audience voice. Tell us how you collected these comments or stories.

- Curated quote (de-identified): "I didn't know what 'NPO' meant."

- Curated quote: “I wasn’t sure which number to call after hours.”
- Mini-story (3 sentences) of a typical confusion scenario in your clinic.
- Build-a-quote prompt: “As a caregiver, I felt ____ because ____ and I wish the instructions had ____.”
- Community partner insight: “Our clients struggle most with ____ when using MyChart.”

Your selected patient voice element:

SBAR Pitch Template (2 minutes max)

Tip: Keep each section to ~30 seconds, and speak in plain language.

S — Situation:

What problem are we seeing now? Who is affected? Where/when is it happening?

B — Background:

1-2 metrics + one audience quote/story that show urgency.

A — Assessment:

What is the core issue to fix (behavior, template, workflow)?

R — Recommendation:

Specific action + owner(s) + pilot scope + success measures (60–90 days).

Considerations

Equity Lens (optional but encouraged)

- How will this change support audiences with limited English proficiency or low literacy?
- What accommodations (interpreters, visuals, audio, larger print) are built in?
- Who might be left out, and how will we include them?

Consent & Ethics Notes

- De-identify quotes; obtain permission when needed.
- Avoid stigmatizing language; reflect lived experience accurately.
- Close the loop: “You said, we did” when changes are implemented.

Set-up

- Identify key “need-to-know” concepts and “need-to-do” tasks for teach-back.
- Include family members/caregivers or other support persons when present and appropriate.

Teach-back

- Be respectful and address cultural and communication needs.
- Use plain language.
- Use words that show you are taking responsibility for being clear.
- Ask the person, in a caring way, to explain back (or show back), using their own words. Do this after each “need-to-know” concept or “need-to-do” task (Chunk and Check).
- If the person is not able to teach back accurately, explain in a different way and re-check.
- Use non-shaming open-ended questions.

Support

- Use reader-friendly plain language materials to support learning, sharing, and finding information.
- Document use of and the person’s response to teach-back.

For more about each of the 10 Elements, see [10 Elements for Using Teach-back Effectively – Detail.](#)

What is Teach-back?

- Asking a person, in a caring way, to explain **in their own words** what they need to know or do.
- An evidence-based health literacy intervention to improve patient-provider communication and health outcomes¹ by:
 - Making sure you explain information clearly. It is not a test or quiz of people.
 - Checking for understanding and, if needed, explaining in a different way, and checking again.
 - Identifying those who may need more help with understanding and remembering.
- A way to promote health equity through health literacy.

Teach-back can be used by anyone sharing important information in clinical and non-clinical settings. “Person” refers to the one being asked to teach back (patient, client, family member, caregiver, other supporting individual).

¹Schillinger, 2003

Teach-back Observation Tool 2.0



Health Team Member: _____ Date: _____ Setting: _____

Observer: _____ Time: _____

	Did the health team member...	Yes	Partly	No	N/A	Comments
1.	Convey caring, respectful attitude (speaking tone & pace; comforting body language; appropriate eye contact) & include caregiver(s) as appropriate?					
2.	Address cultural & communication needs with respect & humility (non-authoritarian style; ask about health preferences, beliefs, practices; address hearing aid, glasses, neurosensory), & use language access services?					
3.	Use plain language &/or demonstrations (living room language; analogies; simple words; explain technical terms)?					
4.	Use words that show they are taking responsibility for being clear (does not make it seem like the person is being tested)?					
5.	Ask the person, in a caring way, to explain or show back using their own words?					

See [Teach-back Observation Tool 2.0 – Considerations for Use.](#)

See [Teach-back Observation Tool 2.0 – Scoring Guidance.](#)

Teach-back Observation Tool 2.0



Health Team Member: _____ Date: _____ Setting: _____

Observer: _____ Time: _____

	Did the health team member...	Yes	Partly	No	N/A	Comments
6.	Ask the person to explain or show back in their own words need-to-know or need-to-do information after each key topic (Chunk & Check)?					
7.	Re-explain differently & check understanding again if the person did not teach back correctly?					
8.	Use non-shaming, open-ended questions that cannot be answered with a yes or no?					
9.	Use easy-to-understand materials to support learning?					
10.	Document use of and person's response to teach-back?					

See [Teach-back Observation Tool 2.0 – Considerations for Use](#).

See [Teach-back Observation Tool 2.0 – Scoring Guidance](#).

Observations

ADAPT Framework

ADAPT	Giving Feedback
Prepare	• Reflect on the goal and intent of the activity • Orient to the expectations
ASK For self-assessment	• Ask if it is ok to give feedback • Ask their thoughts about the activity • Ask what went well/was effective • Ask what might be done differently or what was difficult • Ask if open to your observations
DISCUSS	• <i>Discuss</i> their self-assessment and calibrate it with your observations • <i>Discuss</i> feedback and coach on observed, modifiable and specific behaviors or components related to the activity • Start with affirming feedback followed by what could be done differently • Be non-judgmental
ASK For understanding	• Ask if they understand • Ask if they agree with the feedback • Ask what opportunities they see
PLAN TOGETHER	• <i>Plan</i> next steps together by integrating opportunities for coaching/improvement

Adapted from the Prepare to ADAPT Framework, University of Washington, UW Medicine by Susan S. Johnston, EdD; Judith Pauwels, MD; Kristen Patton, MD; Tyra Fainstad, MD; Adelaide McClintock, MD

Resources

General Health Literacy Resources

Agency for Healthcare Research and Quality (AHRQ) Health Literacy

<https://www.ahrq.gov/health-literacy/index.html>

Institute for Healthcare Advancement (IHA) Health Literacy Solutions Center

<https://www.healthliteracysolutions.org/home>

Health Literate Organization Resources

AHRQ Ten Attributes of Health Literate Health Care Organizations

<https://www.ahrq.gov/health-literacy/publications/ten-attributes.html>

CDC Health Literacy: Developing a Plan in Your Organization

https://www.cdc.gov/health-literacy/php/develop-plan/developing-a-plan.html?CDC_AAref_Val=https://www.cdc.gov/healthliteracy/planact/develop/index.html

AHRQ Consensus Organizational Health Literacy Quality Improvement Measures

<https://www.ahrq.gov/health-literacy/improve/organizational.html>

OHSU Resources

“Health Literacy Basics for Written Communications” is a self-paced Compass training module. Provides information about health literacy, universal precautions, plain language, readability, numeracy, and accessibility. Access by logging into Compass.

Health Literacy and Clear Communication Basics. OHSU Center for Ethics in Health Care.

<https://www.ohsu.edu/center-for-ethics/health-literacy-and-clear-communication-basics>

Creating Patient Friendly Materials

CDC Plain Language Materials and Resources.

https://www.cdc.gov/health-literacy/php/develop-materials/plain-language.html?CDC_AAref_Val=https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html

UnitedHealth Group Just Plain Clear Glossary: <https://www.justplainclear.com/en#>

Five Steps to Plain Language. Center for Plain Language.

<https://centerforplainlanguage.org/learning-training/five-steps-plain-language/>

The Patient Education Materials Assessment Tool (PEMAT). Agency for Healthcare Research and Quality.

<https://www.ahrq.gov/health-literacy/patient-education/pemat-p.html>

Clinician, Staff, and Learner Education

Always Use Teach-back! Toolkit: <https://teachbacktraining.org/>

“OHSU’s Modified 4 Habits for Patient-Centered Care” 18-minute simulated clinic encounter demonstrating 15 clear communication techniques. Coleman, C., Christian, S. (2019).

<https://www.youtube.com/watch?v=7KnxVbUIrY4>

“Health Literacy and Patient Safety: Help Patients Understand” 23-minute Overview of health literacy with patient testimonies. AMA Foundation (2008):

https://www.youtube.com/watch?v=cGtTZ_vxjyA

AHRQ Health Literacy Universal Precautions Toolkit, 3rd edition

<https://www.ahrq.gov/health-literacy/improve/precautions/index.html>

Pharmacy Resources

AHRQ Pharmacy Health Literacy Center. Health literacy tools for pharmacies

<https://www.ahrq.gov/health-literacy/improve/pharmacy/index.html>

Research Resources

Multi-Regional Clinical Trials Center. Health Literacy in Clinical Research.

<https://mrctcenter.org/health-literacy/>

Applying Health Literacy Principles to Clinical Research Studies: A Quick Guide for Study Teams. Multi-Regional Clinical Trials Center. <https://www.bumc.bu.edu/crro/files/2022/04/2022-03-16-BUMC-CRRO-HL-Intro-Slides-FINAL.pdf>

UCSF Plain Language Consent Form Project. Plain Language Informed Consent Template and Companion Document. <https://irb.ucsf.edu/ucsf-irb%E2%80%99s-plain-language-informed-consent-form-project-october-2023>

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