Health Literacy of Mrs. Gamble, an Atrial Fibrillation Patient

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Introduction

Health literacy is becoming increasingly important in the healthcare system for improving health outcomes. A recent study by Jayasinghe, et. al. (2016) has found how higher health literacy and knowledge about lifestyle risk areas can improve the quality of life in patients. These authors also concluded that health practitioners need to recognise the importance of communicating tailored health information to patients. Health literacy not only enhances the health of individuals, but also the overall health of the industry by saving huge healthcare costs. According to Paterick, et. al. (2017), the healthcare cost projections are appalling, Therefore, the authors also felt that clinicians must incorporate health literacy in their practice for educating patients and engaging them actively. They are at the forefront of imparting accurate, timely and relevant health information to patients.

Mrs. Gamble's case appears to be a typical case of low health literacy and therefore, there is a lot of responsibility on the part of Mrs. Gamble's doctors and nurses at the hospital to improve her health-related knowledge. She had been diagnosed with atrial fibrillation (AF) three months prior to the recent hospitalisation and had been prescribed Warfarin (Coumadin) tablets. However, at the hospital, she was found to have been non-compliant with her Warfarin medication regime as she could not pick her Coumadin doses properly. She was also found to be unaware of why she needed to avoid certain foods. Under such circumstances, her physicians recommended putting her into a health literacy plan so that she knows exactly what to do with her AF condition and why. This was thought to be more important because Mrs. Gamble lived alone and was solely responsible for her medication adherence. This document outlines her week-long health education plan at the hospital before discharge.

Case Background

The case involves a 78-year-old widow, Mrs. Gamble, who has been suffering from the condition atrial fibrillation. AF involves irregular beating of the heart that increases the risk of heart failure, stroke and other heart-oriented problems (Mayo Clinic, 2018). Although AF is not generally life-threatening, it is a serious ailment which may lead to complications if not managed properly and consistently (Mayo Clinic, 2018). Therefore, Mrs. Gamble's Warfarin non-adherence, although unintentional, can cause serious health issues if allowed to continue.

Her recent pneumonia led her into hospitalisation, where it was detected that she was not fully compliant to her Warfarin therapy. This detection was a blessing in disguise as continued non-adherence would have further worsened the condition of her heart. Consequently, the hospital staff decided against her discharge although her pneumonia was cured upon administering antibiotics. The decision came after Mrs. Gamble's INR was found to be at 1.5, well below the normal therapeutic range of 2.0-3.5 in AF patients (Harris, 2012).

The INR is the international normalised ratio, a standardised measurement for prothrombin time (PT), which is a common blood clotting test (Harris, 2012). The PT monitors the blood clotting time for patients on Warfarin. The dosing of Warfarin depends on the INR value. Therefore, it is important to monitor INR levels in AF patients and adjust the Warfarin doses accordingly. A low INR would mean a higher probability of blood clots and thus, higher chances of stroke (American Heart Association, 2016). Mrs. Gamble's INR at 1.5 was evidently critical and needed immediate attention.

Mrs. Gamble was found to lack a proper understanding of AF, Warfarin medications, consequences of non-adherence, reasons for her food restrictions and also the reasons for regular blood tests. This knowledge deficit made her more vulnerable to health risks, especially heart complications. She was put on a health literacy plan for about a week, upon

the completion of which she was expected to start demonstrating improved medication adherence.

Goals of Mrs. Gamble's Health Education Plan

In order to understand the goals of this plan, it is necessary to understand the very premise on which it is built. This tailored health literacy plan is based on Bloom's (1956) taxonomy of learning. Bloom held that education/learning happens across the three following dimensions:

- Cognitive

- Affective

- Psychomotor

The cognitive domain deals with knowledge, memorisation and intellect. So, to cover this domain of learning, Mrs. Gamble would be asked brief and quick questions, or asked to mention true/false against some set questions. The objective would be to assess how much knowledge she has gained or has memorised.

The affective domain deals with knowledge analysis, interpretation, developing interests and deriving values. Therefore, to understand how much learning Mrs. Gamble acquired in the affective domain, she will be asked broad, subjective questions which she will have to explain elaborately or provide her views/thoughts.

The psychomotor domain deals with mastering a motor skill. However, in Mrs. Gamble's case, given her age and physical health, the plan would only be able to cover very limited activities in relation to this domain. She may be asked to choose the right doses of Coumadin tablets or differentiate between Coumadin and other Warfarin medicines like Jantoven by only feeling their shapes (without looking at them).

Apart from these domains, Bloom (1956) indicated six levels of action verbs, which an individual performs as he/she progresses through his/her learning curve. These six learning levels are: (a) Remembering, (b) Understanding, (c) Applying, (d) Analysing, (e) Evaluating and (f) Creating. This means that Mrs. Gambles health education plan would be designed in a way so that she:

- remembers the information given to her,

- understands the importance and implications of those information,

- applies the gained knowledge in her specific case,

- analyses her actions in the past and present to decide upon her future medication behaviours,

- evaluates if she is doing things right, and

- creates a new set of behaviours for herself going forward.

The overall goals of this health literacy plan would be to develop a deep understanding in Mrs. Gamble about the short- and long-term impacts of medication adherence on her health, particularly with regard to her atrial fibrillation. The idea is to keep her aware so that she would not miss doses of Warfarin, regularities of the medicine and periodic checkups and blood tests for INR. The plan also intends to inform her about the warning signs and when to call for medical help.

Health Literacy Plan: Mrs. Gamble

The plan is broken into 7 days, comprising 90 minutes each day. The 1st, 2nd and 3rd days will be dedicated to her remembering and understanding. The 4th and 5th days will be assigned to application and analysis of knowledge. The 6th day will focus on evaluating (by Mrs. Gamble and the assessor at the hospital). The 7th day will be mostly creating a new way

forward, a new regime, where the primary mantle of responsibility will be on Mrs. Gamble to follow and abide by.

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