
ACCESSIBLE WRITING



MT1
COLLABORATIVE





ACCESSIBLE WRITING

For participant-facing
study documents

Limitations: It should be noted that the study this piece is based on has not yet been supported by randomised trials or other studies, and is not a systematic review (meaning it may contain biases).

Coherent, and easily understood participant-facing study documents are vital to smooth recruitment processes, participant safety, and to the quality of your sample.

As a researcher you have a direct responsibility to ensure prospective participants fully understand the project and their part in it.

A comprehensive combined methods review (Coleman, O'Sullivan, Crowley et. al. 2021) generated five categories of recommendations for the content, structure, and presentation of participant-facing materials for research studies (primarily focusing on the Participant Information Sheet and Informed Consent Form).



CATEGORY 1: LAYOUT & MATERIALS

It can be useful to offer a soft copy of participant-facing materials, so each participant can tailor items like line spacing, font sizes, colours etc to their needs. If there are concerns about making sure the documents are not altered, the soft copy can be accessed under supervision.

- **Consider using matte paper** – Glossy or reflective materials can make text difficult to read for neurodiverse or sight impaired participants.
- **Use a leaflet format** – Having materials prepared as, for example, a bi-fold leaflet can help break up long lists and large amounts of text. However, A4 can be better for participants with differences in motor function or dexterity in their hands, so consider your audience carefully.
- **Columns** – If you intend to use columns, ensure that they are spaced far enough apart to be clearly distinct. You can also add a vertical line between columns.
- **Line spacing** – Use 1.2-1.5 pt line spacing.
- **Images** – Use 1-3 simple images/illustrations to communicate a point, or to support the main message. Each image should have a caption. Ensure images are high quality and clear. Where possible, add “Alt Text” to images, to allow them to be captured by screen readers.
- **Text boxes** – Only use text boxes to highlight important pieces of information. They should not be used in such a way that encourages skim-reading the document. Where text boxes are used, you should check that they are compatible with screen readers (including pdf copies).



CATEGORY 2: FORMATTING

- **Text size** – Text should be at a minimum of 12pt size. As mentioned above, it can be useful to provide a soft copy to allow participants to adjust the text to their needs.
- **Font** – Use a sans serif font such as Arial or Imperial Sans Text.
- **Capitals** – Use the standard grammatical usages of capital and lowercase letters (i.e. sentences begin with a capital etc.) and avoid using all-caps.
- **Other text options** – Avoid the use of italics and underlined text.
- **Headings** – Use regular headings to delineate sections, and make them stand out from the text by using a bold text, larger font size and/or different text colour. Use the same formats for the same level of heading e.g. The main heading may be 20pt, but sub-headings two and three may both be 16pt etc.). When using coloured headings, avoid colours such as red or green that can be difficult to distinguish for participants with colour-blindness. Avoid colours that might not stand out, such as pale colours.
- **Contrast** – There should be a strong contrast between the background colour and the text colour. White background with black text is used as the baseline. It is recommended to have a 10-35% proportion of blank background to text.



CATEGORY 3: LANGUAGE

- **Sentence length** – Keep sentences short, aiming for a maximum of 20 words.
- **Paragraph length** – Likewise keep paragraphs reasonably short and use sub-headings to break up large areas of text.
- **Reader “Voice”** – Frame headings as questions e.g. “What are the risks of taking part in this study?” to better relate to the reader’s own voice. Avoid adding unnecessary information where you could break it down into clearer sentences e.g. don’t say “Keep your medication away from sunlight because sunlight can damage the medication”, instead use “Keep your medication away from sunlight. Sunlight can damage the medication.”
- Use **bullet points or numbered lists** instead of a list within a paragraph structure. Ideally use no more than seven bullets/numbers.
- **Jargon and specialist language** – Minimise the use of jargon, overly complex, or clinical language. If you do need to use a specific word, ensure you clearly explain the definition. Any abbreviations, acronyms or initialisms should be used in full in the first instance, with the acronym in brackets, then use the acronym going forward e.g. “The National Health Service (NHS) is...”.
- **Numbers in text** – Be specific where you can e.g. don’t say “You will need to attend the hospital multiple times...”, instead use the specific amount “You will need to attend the hospital six times...”. For numbers 0-9 you should use their word (e.g. “nine”), and for numbers 10 and above you should use the digits (e.g. “10”). The only exception here is for statistics e.g. “1 in 6 people...”. When reporting statistics in a PIS/ICF, you should use whole and easy to digest numbers e.g. “1 in 6...” instead of “16.67%...”. For statistics, it can be very useful to illustrate them visually, such as including a pie chart or picture representation of the statistic.



CATEGORY 4: CONTENT

- Carefully consider both what the participant needs to know about participating, but also what they will want to know. The first information should introduce the project and its purpose.
- **Active voice** – You should use active verbs as much as possible e.g. instead of “The medication should be taken twice a day...”, state “Take the medication twice a day...”.
- **Language and Analogies** - Use plain, clear, everyday language. Consult your PPIE contacts for any language you can incorporate for the specific audience you'll be reaching – These could be terms for conditions, or cultural terms you should be familiar with. Additionally, use everyday analogies that should be recognised by the majority of your participants e.g. “Use a pea-sized amount of ointment...”.
- **Emphasis** – As mentioned previously, avoid italics or underlining, but emphasise key information with headings, bold text, and relevant images.
- **Clarity** – Numbers and statistics can be confusing for a lot of people. As mentioned above, consider using clarifying graphics or images to display statistics.
- **Whenever you use an image or graphic**, it must be next to the text it relates to, and it must include a caption. Ideally you should also assign the image Alt-text so that it can be understood by screen readers. Only have one “message” per image.
- **Context** – Provide context before giving new information. This applies to both the large-scale, such as providing context about the study before details about what participation involves, and to the small scale such as listing reasons a participant might contact the research team before giving the team's contact information e.g. “If you have any questions or concerns, please contact us at...” “If you have X/Y symptoms, please call 999/contact the clinical team...” etc.



CATEGORY 5: CHECKING READABILITY

- Ask a colleague who is not familiar with the project to read over the documents.
- **Consult your PPIE contacts/group** with the final documents. You can additionally consult a secondary group of the same literacy level as your planned sample e.g. secondary school students.
- **Use a readability tool**, such as the tool built into Microsoft Word, to assess the literacy level of the writing, mean sentence length, and the percentage passive voice.
- **Use a validated readability checklist** such as:
 - The National Adult Literacy Agency Plain English checklist (documents, forms)
 - Suitability Assessment of Materials
 - Clear Communication Index
- **Readers should not have to complete calculations**, especially regarding medication doses e.g. State “take one pill every morning”, instead of “you will be provided 31 pills to be taken at regular intervals across the one month’s participation period”.
- Consider leading the document with a summary – You can also use a Summary PIS (alongside the full PIS).
- Check that numbers are explained, and that images/graphics are captioned and explained.



THINGS TO NOTE

- **Consult your PPIE contact/group about your project's materials.** Not only should they be involved in the design of the materials, they may also be able to give insight on any particular challenges they experience when reading/viewing these materials, and input on how to mitigate these issues. This might include:
 - Sight impairments
 - Neurodivergences
 - Colour-blindness
 - Dyslexia
 - Dexterity and motor-skill issues e.g. issues that make handling physical documents difficult.
- **Consult people outside your team on the readability of the materials.** Researchers can often get into a “can’t see the forest for the trees / I understand my writing, so should everyone else” mindset, which might not best serve the intended audience and your participants. Other readers could include:
 - Colleagues not involved with the project.
 - Your PPIE group.
 - Another recruited group from the target audience such as children from the age group you’ll be recruiting (and their parents/guardians), or perhaps other clinicians who work with the patient group you intend to recruit.
- **Flexibility** – You need to balance the requirements for clear and complete information about the project and participation requirements, with the need for clarity and readability.
- Consider beginning items like your Participant Information Sheet with a Plain English Summary.
- Be prepared to champion accessibility so that no participants are excluded. Consider:
 - Translating documents into the languages spoken in the communities you are recruiting from.
 - Having braille copies available for sight-impaired participants.
 - Offer to have an interpreter present, including sign-language, where needed.
 - Offer large type/font versions.
- Making a document as accessible as possible from the start reduces the need for additional versions with differing accessibility qualities but also is highly unlikely to exclude people who don't need accessibility.



FURTHER READING & RESOURCES

Coleman, E., O'Sullivan, L., Crowley, R. et al. **Preparing accessible and understandable clinical research participant information leaflets and consent forms: a set of guidelines from an expert consensus conference.** Res Involv Engagem 7, 31 (2021). <https://doi.org/10.1186/s40900-021-00265-2>

Available at:

<https://researchinvolvement.biomedcentral.com/articles/10.1186/s40900-021-00265-2>

NIHR Guidance for Plain English Summaries

<https://www.nihr.ac.uk/plain-english-summaries>

UK Government Guidance for Accessible Communications

<https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats>



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