

Adaptation Datasheets for Plain Language in Health: A Pragmatics-Centered Traceability Schema

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RÉSUMÉ

L'adaptation en langage simple (LS) de textes médicaux implique des décisions pragmatiques (relevant des notions de pertinence, ordre, mise en relief, exploitabilité) qui affectent la compréhension et la sécurité. La traçabilité se limite souvent au texte avant/après et à des métriques globales de lisibilité, rendant ces décisions difficiles à auditer. Nous proposons un schéma léger consignnant les décisions pragmatiques sous forme de champs structurés liés à des *spans* textuels, conçu comme couche d'annotation pour les corpus LS existants et comme artefact de documentation pour les flux assistés par LLM. Nous l'illustrons sur une note clinique espagnole post-consultation adaptée pour patients et aidants, reportons des statistiques descriptives et positionnons le schéma par rapport aux cadres d'annotation basés sur les opérations existants.

ABSTRACT

Adaptation Datasheets for Plain Language in Health

Plain Language (PL) adaptation of healthcare texts involves pragmatic decisions (linked to relevance, ordering, prominence, actionability) that affect comprehension and safety. Traceability is often limited to before-and-after text and global readability metrics, making these decisions hard to audit. We propose a lightweight schema that records pragmatic decisions as structured, span-linked fields, intended as an annotation layer for existing PL corpora and as a documentation artifact for LLM-assisted workflows. We illustrate the schema on a Spanish post-consultation clinical note adapted for patients/caregivers, report descriptive statistics, and position it with respect to existing operation-based annotation frameworks.

MOTS-CLÉS : simplification, pragmatique, traçabilité, NLP pour la santé.

KEYWORDS: simplification, pragmatics, traceability, healthcare NLP.

1 Introduction

Text simplification rewrites a text to make it easier to understand while preserving meaning (Saggion, 2017; Shardlow, 2014; Alva-Manchego *et al.*, 2025). Plain Language (PL) targets broad audiences, while Easy-to-Read targets readers with comprehension difficulties (Inclusion Europe, 2009; Nomura *et al.*, 2010). We focus on traceability of PL adaptations (PLAs) in healthcare, where comprehension and safe use are critical (ISO, 2023; UNE, 2024); Spanish institutions already redesign appointment letters, consent forms, and test instructions to reduce confusion and improve adherence (Hospital Gregorio Marañón, 2024; Torres López, 2025). In real-world workflows, we can compare original

Block	Fields (summary)
A. Metadata	ID/version; language; document type; target audience; PL guidance (ISO 24495-1).
B. Intended use	Intended/non-intended use; purpose; channel/length constraints; gate if audience or purpose is unknown.
C. Pragmatics	Relevance; ordering and prominence; actionability; discourse structure; temporal framing (with span links).
D. Checks	Critical spans; risk flags; test outcome (pass/fail/warn).
E. Evidence	Review type; gate decision (block/review/flag); limitations and re-check conditions.

TABLE 1 – Adaptation Datasheet structure (summary).

and PL versions, but typically lack a record of the decisions behind the final output, making it hard to inspect what was changed and why. This need aligns with responsible-AI guidance on documentation, transparency, and human oversight (EU, 2024; European Commission, 2025; AESIA, 2025), and is amplified for LLM-assisted PLA, where outputs may be fluent but the underlying decisions remain opaque. Following Gebu *et al.* (2021), we adapt the datasheet format to individual adaptation *instances*, replacing data-provenance fields with pragmatics-centered decision fields.

PLA goes beyond lexical/syntactic simplification : it involves deciding what to remove as redundant vs irrelevant (Yamaguchi *et al.*, 2023), reordering for prominence, and restructuring with headings or lists, especially at the document level (Sun *et al.*, 2021; Cripwell *et al.*, 2023; Laban *et al.*, 2023), where simplification can break cohesion (Wilkens *et al.*, 2020). Operation- and edit-based frameworks describe *what* systems do (Cardon & Bibal, 2023; Cardon *et al.*, 2022; Heineman *et al.*, 2023; Gonzalez-Dios *et al.*, 2018), but do not make adaptation *rationales* explicit and auditable. Work on AI for medical-report comprehensibility (Kof'átková & Miralles Hernández, 2025) and structured human oversight for LLM-supported communication (Moreno & Martínez, 2026) stress this need; we extend that perspective with PLA-specific pragmatic fields.

Contribution and intended use. We propose a framework composed of (i) an *annotation schema* for retrospectively documenting decisions in existing PL corpora, and (ii) a *lightweight documentation artifact* attached to model-assisted or human PLAs in production. We target high-stakes domains where decisions carry safety implications. The schema was developed jointly by NLP researchers and a PL specialist. This work is in its early stages : the next step is to use the schema to annotate a larger dataset.

2 Adaptation Datasheets

The unit of documentation is one adaptation *instance* (one pair of texts : original and plain language adaptation).

Datasheet structure (Table 1). Block C records pragmatic decisions as span-linked structured fields (see below). Block D flags *critical spans* (dosage, frequency, negations, warnings) and risk types; safety-relevant test failures trigger a *gate* (block release or require human review), keeping documentation separate from safety judgement (ISO, 2023; UNE, 2024). The *operation log* is the low-level evidence layer : edits are labelled span-aligned operations (macro : KEEP, DEL, ADD,

Block	Example (pilot excerpt)
A. Metadata	ID : Casoclinico2022-48-99 (v1). Type : post-consultation clinical note (Spanish, ca. 375 words). Audience : adult patient and caregiver.
B. Use	Purpose : inform and support safe action after consultation. Gate : PASS.
C. Pragmatics	(1) PROMINENCE_TOP [Ordering/prominence]. OR : <i>Anamnesis</i> (key facts embedded) → PL : <i>Motivo de consulta</i> (key facts at top). (2) LIST [Discourse structure]. OR : <i>Historia clínica</i> as running text → PL : bullet list. (3) REORDER_CHRONO [Temporal framing]. OR : temporal details embedded → PL : chronological order.
D. Checks	Critical spans : N/A. Test outcome : PASS. Gate : FLAG (human spot-check).
E. Evidence	Span links in the operation log.

TABLE 2 – Datasheet excerpt : three of five Block C fields instantiated on the pilot (relevance and actionability not triggered).

MOVE, TRANSFORM; fine : e.g., DEL_REDUNDANT, PROMINENCE_TOP, LIST) that populate Block C by pragmatic rationale, feed Block D test outcomes, and are pointed to from Block E. Minimum : blocks A–C; D and E mature incrementally (Moreno & Martínez, 2026).

Pragmatics-centered fields (Block C). Existing frameworks (CBST (Gonzalez-Dios *et al.*, 2018), ASSET_{ann} (Cardon *et al.*, 2022), SALSA (Heineman *et al.*, 2023)) describe lexical/syntactic changes but do not capture the *pragmatic rationale* behind document-level decisions. Block C targets exactly this gap via structured, span-linked fields (Table 2) :

- **Relevance** : what is removed (redundant vs irrelevant) or moved to a “More information” block.
- **Ordering/prominence** : elements moved earlier for scanability/safety (*warning-before-action*).
- **Actionability** : descriptions rewritten as actionable guidance with evidence link (e.g., “Hydration is recommended” → “Drink water”).
- **Discourse structure** : headings, lists, task-grouping.
- **Temporal framing** : steps reordered for coherence while keeping the timeline faithful.

3 Proof-of-concept and descriptive results

We illustrate the schema on a Spanish post-consultation clinical note (Casoclinico2022-48-99) adapted for adult patients and caregivers (OR 375 w./2547 ch. ; PL 289 w./1703 ch. ; −22.9% words, −33.1% chars; Table 2).¹ The operation distribution (TRANSFORM 69.1% ; DEL 20.6% ; MOVE 5.9% ; KEEP 2.9% ; ADD 1.5% ; 55 alignments, avg. 1.24 labels/alignment) is consistent with PLA as rewriting plus relevance-oriented pruning. Annotation of the pilot took approximately 45 min, mostly dedicated to Block C annotation. We are annotating a larger Spanish healthcare PL corpus with two annotators and plan to release it with operation logs and datasheet fields to enable transparent auditing of PL systems, and contribute to research on the subject.

1. Pilot materials will be released in the camera-ready version.

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