

Use Plain Language in Patient Communication

If you knew 50 percent of your patients were too weak to open a front door, you would repair it so they could enter, but chances are 50 percent of your current patients face a less visible barrier – they have problems understanding your informed consent documents, insurance forms and patient education materials.

The National Adult Literacy Survey states that as many as 44 million adults (23 percent) are functionally illiterate. Another 53.5 million, or 28 percent, have only marginally better reading and computational skills. Consider that most informed consent and insurance forms in health care are written at high school level or higher – then add an upsetting cancer diagnosis – and you’ve got a recipe for low literacy.

Understanding Medical Information

“A person’s literacy level can drop four levels when dealing with subjects not familiar to them,” said Kristina Anderson of EasyRead Copywriting in Albuquerque, N.M. A Ph.D.-level patient who just learns of a cancer diagnosis can drop to high school graduate level understanding when, for example, a physician rattles off imaging exam preparation instructions. Pain and fear often combine to keep people from even hearing the rest of the conversation. Clinical information – or the way it’s presented – just adds fuel to the confusion fire.

Patients with poor literacy skills struggle to understand the everyday forms that contain basic medical and insurance information. A study showed

that 81 percent of emergency department patients could not read the rights and responsibilities section of a Medicaid application; 74 percent didn’t know they were eligible for free care. Yet health care providers also expect them to understand the many terms used in reimbursement and clinical care.

“The health care industry is starting to get it,” Anderson said. Five to 10 years ago, not enough information was out there to help health care providers, but help now exists if providers will use it. Physicians in particular have struggled with accepting that their patients just don’t understand. “The patient often looks like he understands and won’t say anything when he doesn’t,” said Anderson. She added, “you can’t tell by looking” is a phrase that rings so true it’s the title of the American Medical Association Foundation’s video on health literacy.

Uninformed Consent

Informed consent presents unique issues. Anderson once served on a committee at Harborview Medical Center in Seattle, Wash., that aimed to make the hospital’s forms more readable. “I would lower the literacy level and the lawyer would raise it back up again,” she said. Although she understood the reasons behind the legal wording, she also advocated for plain language whenever possible.

After all, informed consent is “more than simply getting a patient to sign a form,” says the AMA. The association continues by describing informed consent as “an ethical obligation and a legal requirement.” The AMA says having a conversation with the patient that includes the opportunity for patient questions that “elicit a better understanding of the treatment or procedure” is part of the process.

If the patient can’t read the form, little to no understanding or dialogue will take place. It might be difficult to argue that informed consent truly has occurred. “A physician has a level of authority; patients often are afraid to admit to the physician that they don’t understand. And a lot of people with low literacy skills don’t trust people of authority,” said Anderson.

When working on Harborview’s forms, cultural issues became a major consideration. “The hospital is located in a very diverse community with more than 50 spoken languages.” Aside from language barriers and translation concerns, culture factored into the consent process. “For example, we developed a ‘right to not know’ consent form,” said Anderson. She explained that in some cultures, it is

Health Literacy Resources

See these resources for more information ([link to them from the SROA Web site, www.sroa.org.](#))

Center for Health Care Strategies Inc.

www.chcs.org

Health Literacy Fact Sheets

www.chcs.org/publications3960/publications_show.htm?doc_id=243295

Ethnic Medicine Information:

www.ethnomed.org

Health Literacy Month

www.healthliteracymonth.com/

EasyRead Copywriting:

www.easyreadcopywriting.com

standard not to tell an elderly person with a terminal illness that he or she is going to die because it is thought that doing so leads to death. The special consent form allows the physician to tell the family, not the patient.

Simplifying Written Materials

Recognize how many of your patients may have trouble understanding the forms, instructions and education materials you set before them. Next, it's time to assess the materials you use and put them into plain language. Surveys have shown that simplifying materials does not offend high-level readers. In fact, you might find that with a field so full of jargon and complicated procedures, you'll benefit across the board.

Several tools can help you assess reading materials to bring them to an acceptable reading level – a minimum of eighth grade, though most experts agree that fifth or sixth grade level is safest. Your word processing program likely includes a cursory readability review, but Anderson advises using caution when relying solely on these programs. “They're counting number of syllables in a word and number of words in a sentence only,” she said. For example, the program will mistake the period in “Dr. Smith” as the end of a sentence and give you a false reading of the sentence's length. And the program won't take into account medical terms unless they're exceptionally long words. The Flesch Readability Score included in MS Word is more accurate than the program's grade level software, said Anderson.

Flesch and the Fry Readability Test are two common tools. Anderson prefers the Simple Measure of Gobbledygook (SMOG). She said debate continues in the health literacy community over which test is better and whether or not to test materials on patients; she recommends leaving patient tests to professionals who conduct research. Aside from the intricacies in conducting such a test, she feels that patients who can't read have enough shame that they won't admit their lack of skills, particularly to a physician or familiar staff person.

Anderson recommends using a lot of white space in all written materials and listing information in bulleted points. Cut to the chase, avoiding technical jargon. “You don't want your reader to have to decode your message.” For example, she once worked with a hospital hand clinic that had followed many of the rules about keeping publications simple, but had thrown in just enough clinical terms to negate much of their hard work. “I asked

the writer exactly what ‘comminuted fractures’ meant and she replied, ‘shattered bones,’ so I suggested she use ‘when you break a bone into many pieces’ in the brochure. It hadn't occurred to them to use the lay term,” Anderson said.

Tips for Communicating Clearly

Patients leaving physician offices frightened after cancer diagnoses aren't the only ones having trouble with instructions. Nearly one-fourth of patients with low health literacy may not understand instructions to take medications four times a day. Emphasizing oral teaching can help, but it also has to be done correctly, considering cultural differences and simple language.

Anderson offers an excellent example: She was tutoring a 70-year-old man who could not read or write. He was having a lot of difficulty after so many years of getting by; he basically could only sign his name. She suggested he bring in his medications and she would have a pharmacist stop by to help explain the instructions. “He was supposed to take two pills in the morning, two at lunch and two at dinner. The pharmacist explained this to him a few times. We took the pills out of the bottle and showed him how he would take two with breakfast, two with lunch and two with dinner. But I could tell he still didn't get it. It finally dawned on me that he called lunch ‘dinner,’ and his evening meal ‘supper.’ Once we used his terminology, he got it,” said Anderson.

The teach-back method helps health care providers check to see if patients have understood their instructions. Without sounding patronizing, warns Anderson, a physician, nurse or therapist can ask a question to ensure patients understand. For example, “Can you tell me how you will care for your skin next week so I can be sure I've explained it correctly (or haven't left anything out)?”

Also, if you routinely give the same instructions for a frequently-performed procedure, supplement staff's verbal instructions with an effective, easy-to-read patient handout. Ask staff to go over its contents and discuss it, asking questions and encouraging patients to ask as well.

Finally, the most important tip for communicating clearly with patients with low literacy skills – and at all reading levels – is to know your patient population. Anderson warns not to underestimate the influence of culture and literacy on your patients' understanding of consent, insurance and instructional materials.

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