

“Tell me in English, Doctor!”

How and Why Physicians Should Examine What Comes Out of their Mouths

by Liz Lippoff

A study by the Institute of Medicine, highlighted in an *Oregonian* article way back in April 9, 2004, said that a disturbing 90 million American adults have what the study calls “limited health literacy,” meaning they have trouble understanding simple instructions on drug labels, physician’s handouts, and medical consent forms. The study recommends research and programs to improve health literacy. While we wait for that to happen - and you probably should not hold your breath – I suggest everyone in the business of health care delivery re-examine all communications, oral and written.

It’s my experience, both as a patient and as a consultant to medical and dental practices, that a great deal of the oral and written communication in doctors’ offices is going over the heads of the patients. Communication is a two-way street, of course, but in the case of health care providers, it’s a dangerous one: patients cannot comply with instructions if they don’t understand them.

It’s true that illiteracy is more widespread than most of us realize, and science education in America lags behind much of the industrialized world. But the Institute of Medicine study says that even literate adults with college educations can have trouble understanding the material they receive from their health care providers. Much of the printed material produced by practices, clinics, and hospitals assumes a sophisticated understanding of medical terminology. One example cited in the study is from a flyer *intended for patients*: “Patients should be monitored for extraocular CMV infections and retinitis in the opposite eye.” Does anybody outside the field know what a CMV infection is?

It happens in other professions, of course. I stepped in for several months as interim public relations director for a branch of the American Red Cross and was totally lost in my first planning session, despite a master’s degree and years of public relations experience. Why? They were using acronyms and terminology that were specific to and common in their organization but that came across as a secret code to me. When I read to them a partial list of their acronyms, it was immediately clear that either they would have to translate into everyday English or I would need a secret decoder ring.

We had time to bring me up to speed; I was not caring for a wound at home, watching for signs of post-op complications, or monitoring blood sugar. Medical practitioners, however, must do all they can to be sure that their patients have received and understood all messages. Patient compliance – and patient health – rely on it.

Oral Communication

Even the most educated of patients is often nervous, scared or in pain. At the very least, they can be intimidated by the setting, the white coats, the equipment. Medical personnel know the material cold, and they say the same thing over and over, but this is the first time this patient is hearing it. I say to physicians: put yourself in your patient’s position, and consider these guidelines:

- Novice speakers race through their material due to nerves, but even experienced speakers can get carried away by their adrenalin or their confidence. Assume your listener does not understand you. S-l-o-w d-o-w-n.
- Listen to yourself speak. It sounds simple, but we don’t do it often enough.
- Choose your words carefully. After you use technical jargon, paraphrase it into non-technical terms.
- Watch your patients carefully for any indication that they are – or are not – understanding you.

Another communication technique that you can use selectively, when appropriate, is to actually check for understanding before you move on. More effective than “Do you understand what I mean?” which a self-conscious patient might not answer honestly, is a question that takes the heat off the patient and puts the responsibility on you or the subject matter.

- Do you mind repeating those back for me? I want to be sure I didn’t leave anything out.

- That's a lot of information; is there anything about the testing process that you need me to run through again?
- This can be confusing, but it's important. Do you mind explaining that process back to me so I can be sure I was clear?

It is true that at first you may need to spend a few additional minutes with some patients, but once the new diction and speech patterns become habit, patient understanding should improve without further time or effort on your part. In addition, more initial understanding can mean fewer phone calls to your office, saving time and money there. Most important, it will mean better compliance with your orders, and that is the bottom line that counts.

Written Communication

I am sometimes asked to do a complete communications audit for a client. This process involves collecting and evaluating every form, brochure, referral sheet, map ... everything ... that used in the office or given to patients, physicians, anybody. Even an abbreviated version of this audit, though, can be quite helpful, and you may have someone on your office staff who can do it for you. What is the purpose of each piece, and who is its audience? Be especially critical with documents that end up in patients' hands:

- What is it supposed to do, and is it doing it?
- Is it clear, accurate, error-free and up to date?
- Could a person with no medical background understand it?
- Is there important information that we are leaving out? (Ask your staff: what questions do patients ask frequently? Should one of these documents answer them pro-actively?)
- Does it reflect the high professional standards of our office?
- Is it consistent with our image/brand? (That may be a marketing issue for another day.)

Many American newspapers are written on a seventh grade (or lower!) reading level, in order to reach the widest audience. Reading levels are computed based on sentence length, word length and other factors, but even a cursory study of your documents should tell you if they need revision. You might give patient-bound documents to several people, including a seventh grader or two (not your own! They were raised with the jargon) for their feedback.

You cannot control the health literacy of your patients, and we have no idea how long it will be before no child is left behind. In the meantime, the many ramifications of poor communication make a little self-examination a smart use of your time. You can save time and money by reexamining each form and document as each comes up for re-order or reprint. In oral communication, your heightened awareness of the problem may be enough to make a big difference to your patients.

This may have to do until they invent a real decoder ring.

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