Skills for Communicating with Low-literacy Patients

- Red Flags
- Common errors

Ask the participants to turn to page 13.

Review the red flags and common errors.
Ask the audience if they can identify additional red flags.
Ask the audience if they can identify additional common errors.
Skills for Communicating with Low-literate Patients

Red flags

- Unable to name medications, or explain purpose or timing of administration
- Difficulty explaining medical concerns
- Has no questions
- Frequently missed appointments
- Skipped tests and referrals
- Non-compliant with medications

Common errors you may be making

- Asking “Do you have any questions?” or “Do you understand?”
- Assuming that the patient understands because he or she does not ask questions.
- Using idiomatic terms (in addition to complex medical terms).
- Talking too fast.
- Launching into lengthy descriptions and explanations.
- Using the same explanation over again if the patient doesn’t understand the first time.
- Becoming defensive or frustrated.
- Inadvertently embarrassing the patient with your reactions and assumptions.


Doctor:
“Your foot infection is so severe that we will not be able to treat it locally.”

Patient:
“I hope I don’t have to travel far, doctor. I’m afraid of flying.”
Ask the participants to turn to page 14.

Review the tips to improve communication. Ask the audience what additional tips they can share with the group. Your group will know ideas that are specific to your organization's work.

Ask the group to break into groups of 2 or 3 and try the exercise on page 14.
Tips to improve your communication with low-literacy patients

- Slow down the pace of your speech.
- Use analogies to hang new knowledge on old hooks. "Arthritis is like a creaky hinge on a door."
- Use plain, non-medical language. "Pain killer" instead of "analgesic"
- Limit the information you want to convey to one to three key messages.
- Use repetition to reinforce your key messages.
- Break instructions down into simple steps—what to do, how to do it, when to do it.
- Normalize the fact that the patient has questions or doesn’t understand. "Lots of people have a hard time getting that..."
- Use the "teach back" or the "show me". "Can you say back to me what we’ve agreed to—just so that I’m sure that we’re clear?"
- Summarize the conversation: "Here’s what I’ve shared with you today...here’s what will happen next."
- Avoid using a patronizing tone or language with an adult!


Try it!

With a partner, choose one sample scenario to work on.

1. You are helping a patient understand the importance of taking her hypertension medication. What three key messages (in simple-to-understand language) can you develop to help the patient understand the importance of complying with her medication regimen?

2. A patient did not show up for a lab procedure that your office referred him to. He has now called you and seems confused and distressed. After some questioning, it appears that not only did he miss his appointment, but he is unsure about why the procedure is truly needed. How can you educate this patient and increase his comfort level with following through on the procedure?
Next Steps

- What do we want to do together to improve our communication with our patients?

Ask the participants to turn to page 15.

Ask the participants: What do we want to do together to improve our communication?

Refer the participants to the resources on page 15.
Readings and Resources

Resources for further reading

- www.amafoundation.org
- www.askme3.org
- www.iom.edu (Institute of Medicine)
- www.ahrq.gov (Agency for Healthcare Research and Quality)
- www.nift.gov (National Institute for Literacy)
- www.pfizerhealthliteracy.com (Pfizer Health Literacy Initiative)
- www.reachoutandread.org (Reach Out and Read)
- www.echs.org (Center for Health Care Strategies: Fact Sheet on Health Literacy)

I would gratefully like to acknowledge the work of Medica employees in the development of this training program. In particular, I would like to thank Dawn Baker, M.S.W., Director, Medica Learning Center, for her countless hours of research and the development of this training program. In addition, I would like to give special recognition to Sue Metoxen, Director, Compliance and Product Administration, Medica State Public Programs, for project management of the development of the kit and her work on the instructor guides. Also of note is the significant support provided by Georgette Gray, Compliance and Product Coordinator, Medica State Public Programs including the cover design, and Megan Severson, who arranged for sponsorship of the project by the Medica Provider College. In addition, I would like to acknowledge the team of Medica employees who assisted in reviewing materials and the rollout of the program. These employees include: Sheri Alme, Kathleen Butterfield-Miles, Hugh Curtler, Sandy Lien, Dean Mason, Shereese McIntosh, Michelle Murdock, Lilian Vang.

Charles Fazio, M.D.,
Chief Medical Officer
Medica
What questions do you have?

The corresponding page to this slide is a notes page.
Notes:
Ask the participants to turn to page 17 in their Participant Guide.

Ask the participants to complete the post-assessment.

Here are the answers to the assessment: (The Participant Guide does not show the answers.)

1. True 5. False
2. False 6. D
3. False 7. D
4. True

Review the answers with the participants.
Health Literacy Post-Assessment

1. True or False. Older patients are more likely to have a problem with health literacy.

2. True or False. Your patient will tell you if they have problems reading.

3. True or False. Most people with a literacy problem are also low income.

4. True or False. A person who is able to sign their name but who is unable to find the expiration date on a license is functionally illiterate.

5. True or False. The number of years of school is a good general guide to determine literacy level.

6. The following could be red flags for identifying a patient with low literacy
   a. Non-compliant with medications
   b. Unable to name medications
   c. Skipped tests or referrals
   d. All of the above
   e. None of the above

7. The consequences of low health literacy include
   a. Lower health knowledge and less healthy behaviors
   b. Greater health costs
   c. Poorer health outcomes
   d. All of the above
   e. None of the above
Thank the group for participating in this session.

(There is a notes page as the corresponding page in the Participant Guide.)
Notes:

This training kit was created by Medica Health Plans and its affiliates ("Medica") for use by its participating clinics and hospitals. Any use of this information is at your own risk. Medica will not be responsible for the consequences of your decision to utilize the information contained in this kit. Where appropriate, information in this kit will be supported by clear references to source data and, where possible, have specific links to that data.