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## USING EFFECTIVE COMMUNICATION TO IMPROVE HEALTH OUTCOMES

- Effective health communication is essential for successful patient care; unclear or inadequate patient information may lead to missed appointments and medication errors.
- Create a welcoming environment where sensitive information can be clearly communicated.
- Recognize that race, class, sex, gender identity and expression, sexual orientation, ethnicity, immigration status, religion/faith, and physical and mental ability shape interactions among patients, providers, and support teams.
- Be aware of biases or blind spots that inform your interactions with patients.
- Use less medical jargon and more everyday words to explain to patients what they need to know and do.
- Encourage questions and use the teach-back method to confirm that you've communicated clearly.

Effective communication of health information is central to successful patient care.<sup>1,2</sup> A provider's ability to convey information clearly and compassionately allows patients to follow through on the treatment plan and has a positive impact on their experience of care.<sup>2,3</sup>

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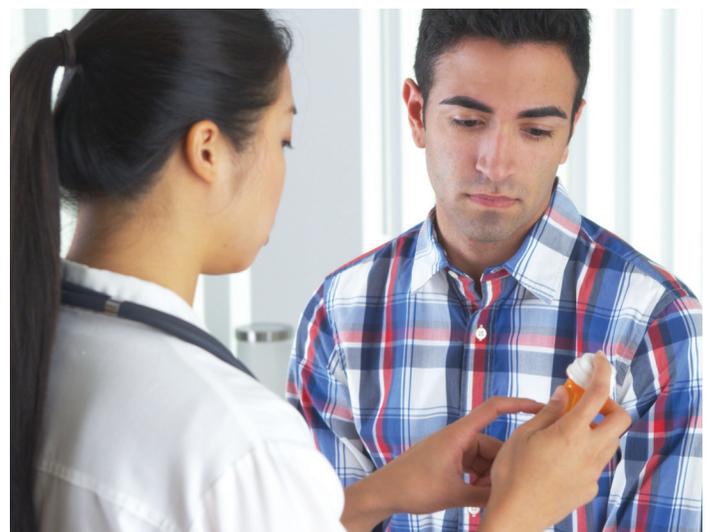
#### SUMMARY

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Approach patient encounters as a constructive dialogue and ensure that you have successfully addressed their information needs:

- Create an environment that fosters communication.
- Consider the patient's perspective and social context.
- Use plain language, with simple, everyday words.
- Encourage questions.
- Conduct a review of all medications, including over-the-counter and nontraditional treatments.
- Focus on what the patient needs to know and do to adhere to the treatment plan.
- Use the teach-back method to confirm that you've communicated clearly.



## CREATE A WELCOMING ENVIRONMENT

Create a welcoming environment that encourages patients to ask questions<sup>4</sup> and where sensitive information can be clearly communicated:

- Display posters and/or pamphlets welcoming lesbian, gay, bisexual, transgender, and queer patients and their partners (see *Making the Sexual History a Routine Part of Primary Care*).

### BOX 1. THE RESPECT MODEL OF COMMUNICATION<sup>5</sup>

#### Rapport

- Connect on a social level.
- See the patient's point of view.
- Consciously attempt to suspend judgment.
- Recognize and avoid making assumptions.

#### Empathy

- Remember that the patient has come to you for help.
- Seek out and understand the patient's rationale for her behaviors or illness.
- Verbally acknowledge and legitimize the patient's feelings.

#### Support

- Ask about and try to understand barriers to care and compliance.
- Help the patient overcome barriers.
- Involve family members if appropriate.
- Reassure the patient you are and will be available to help.

#### Partnership

- Be flexible with regard to issues of control.
- Negotiate roles when necessary.
- Stress that you will be working together to address medical problems.

#### Explanations

- Check often for understanding.
- Use verbal clarification techniques.

#### Cultural competence

- Respect the patient and her culture and beliefs.
- Understand that the patient's view of you may be identified by ethnic or cultural stereotypes.
- Be aware of your own biases and preconceptions.
- Know your limitations in addressing medical issues across cultures.
- Understand your personal style and recognize when it may not be working with a given patient.

#### Trust

- Self-disclosure may be an issue for some patients who are not accustomed to Western medical approaches.
- Take the necessary time and consciously work to establish trust.

Reprinted from Mutha S, Allen C, Welsh M. *Toward Culturally Competent Care: A Toolbox for Teaching Communication Strategies*. Healthforce Center at UCSF; 2002.

- Ask all new patients what language they prefer to speak and read, and if they would like an interpreter.
- For patients who do not speak enough English to respond to questions about language preference, use "I Speak" cards to identify the language they speak.
- Ask patients about their preferred pronouns (see *Providing Primary Care to Transgender Adults*).
- Have clinical staff wear **Ask Me 3** buttons to elicit the main questions ("What is my main problem?" "What do I need to do?" "Why is it important for me to do this?").
- Prominently display **Ask Me 3** brochures, notepads, and posters in the languages your patients and staff speak.
- Include a place for patients to write down their questions, if they are able, on an office form (for example, an **Adult Return Visit Update Form**).<sup>6</sup>
- Ask patients if there is anyone whom they trust that they would like to be in the visit with them.

## CONSIDER THE PATIENT'S PERSPECTIVE

A person's health is shaped by the social, economic, and environmental contexts in which they live. Structural factors such as health care access, food supply, infrastructure, and biases have a direct impact on an individual's opportunities to achieve optimal health.<sup>7</sup> For people of color, racism results in physiological, psychological, and behavioral changes (ie, coping mechanisms) that can lead to depression, anxiety, posttraumatic stress, low self-esteem, and sleep disturbance.<sup>8</sup>

### BOX 2. ELICITING THE PATIENT'S PERSPECTIVE—SAMPLE QUESTIONS<sup>9</sup>

*Localize the questions around the specific visit. For example, "When it comes to breastfeeding, are there any practices or traditions that you are used to?" Or "When it comes to managing your stress, is there any practice or tradition that you are used to? Or that you think of?"*

- What do you call your illness and what do you think caused it?
- Who advises you about your health?
- How do your symptoms affect your life?
- What worries you most about your symptoms?
- What kind of treatment do you want or do you think would work?
- Have you seen any other doctors for this problem?
- What seems to make your symptoms better? What makes them worse?
- What is the most important thing you want to accomplish today?
- Are there any foods you cannot eat?
- Are you open to trying to lose weight? Do you think that would be helpful?
- How can we do a better job of communicating with you?
- What pronouns do you use for yourself?

Sexual minorities are also subject to stressors such as harassment and discrimination, leading to health disparities and poor access to culturally competent care.<sup>10</sup>

Strive for **structural competency**, the trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases represents the effects of structural factors (**Resources**).

- Train staff to recognize how the context in which patients live affects their health and how they speak about it.
- Practice cultural humility<sup>11</sup>:
  - Commit to an ongoing process of learning and understanding each patient's values in order to communicate with sensitivity and provide patient-centered care.
  - Recognize that the patient is the expert on their own life, symptoms, and strengths and is a partner in the therapeutic collaboration.
- Use the RESPECT model of communication (**Box 1**<sup>5</sup>), recognizing and correcting your own biases.
- Elicit the patient's perspective (**Box 2**<sup>9</sup>).
- Consider suggesting that your organization adopt the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care](#). These standards provide a framework for delivering effective, equitable, understandable, and respectful quality care and services to all patients.

## SLOW DOWN

Taking just a small amount of extra time to speak slowly and clearly will make your communication more effective<sup>1,2</sup> and foster a patient-centered approach.

## USE PLAIN LANGUAGE

It's easier for patients to understand information when it's presented in everyday words and reinforced with pictures or demonstrations.<sup>4</sup>

- Use everyday words instead of medical jargon whenever possible (**Box 3**).<sup>12,13</sup>
- Demonstrate, draw pictures, or use illustrations or models.

## FOCUS ON WHAT PATIENTS NEED TO KNOW AND DO

Up to 80% of medical information is forgotten immediately,<sup>14</sup> and nearly half of the information retained is incorrect.<sup>4</sup> When teaching the patient about next steps, concentrate on the concepts that are most important to the patient, reiterate as needed, and be specific and concrete.<sup>4</sup>

- Limit information to 3 to 5 key points.
- Briefly explain what's wrong.
- Describe what the patient needs to do and why, emphasizing the benefit.
- Explain what medications are for, how they will help, how to take them, and what to expect.
- Give handouts or write down key information.

- Provide a printout of the patient's key vitals, tests, and lab results or encourage use of your practice's online system or smartphone app so they can access all their medical information and share with their other providers.

## ENCOURAGE QUESTIONS

Patients are sometimes reluctant to ask questions; let them know that questions are expected and welcomed, and that their concerns are important to you.

- Introduce the topic before giving the information (eg, "Is it OK if I sit across from you? I want to talk through what we should do next.>").
- Sit at the same level as your patients and make eye contact, if culturally appropriate (**Resources**).<sup>4</sup>
- Follow the patient's lead for communication. If unsure, politely ask individuals about their preferences and customs.<sup>15</sup>
- Elicit questions several times throughout the conversation to indicate that asking questions is the norm and welcomed.<sup>4</sup>
- Ask open-ended questions that begin with who, what, when, where, and how. Avoid yes/no questions such as "Do you understand?" or "Do you have any questions?" Patients will likely indicate that the information was clear, even if it wasn't<sup>4</sup>:
 

"We've gone over a lot of information. What can we review again?"

"[Diagnosis] may be new to you, and I expect that you have some questions. What would you like to know?"
- Listen actively and be responsive to the issues the patient raises.<sup>4</sup>

### BOX 3. EXAMPLES OF PLAIN LANGUAGE<sup>12,13</sup>

Instead of	Use
Beneficial	Good, good for, helpful, useful
Benign	Not cancer
Cardiovascular	Having to do with the heart and blood vessels
Cartilage	Smooth covering on the end of bones
Central nervous system	Brain and spinal cord
Consistent	Stays the same, doesn't change
Diet	What you eat
Hypersensitivity	Strong reaction
Hypertension	High blood pressure
Lung function	Measure of how strong your lungs are
Medication	Medicine
Persistent	There all the time, doesn't go away
Sufficient	Enough, plenty
Susceptible	More open to, in danger of getting, likely to get
Vaccine	Shot

See CDC's [Plain Language Materials & Resources](#) for more guidance.

## CONDUCT A MEDICATION REVIEW

Ask patients to bring all their medicines and supplements to the office visit. Ask the patient to pick up each medicine bottle, then ask<sup>4</sup>:

- What do you take this medicine for?
- When do you take this medicine?
- Can you show me how much you take each time?

Check for interactions and correct any misunderstandings that the patient has.

Provide an updated medicine list describing what the patient should take and how (**Resources**).<sup>4</sup>

## USE THE TEACH-BACK METHOD

The teach-back method confirms that the provider has communicated clearly by ensuring that the patient can teach the information back in their own words.<sup>4</sup>

### BOX 4. TEACH-BACK CASE STUDY

**Veronica is a 65-year-old woman who has COPD and diabetes. She's been hospitalized for an exacerbation of her COPD and is now talking with the doctor about her discharge instructions:**

**Provider:** I want to talk about two things: your medicine and your breathing. First, your medicine. You've had a flare-up of your COPD and we're going to treat that with a pill called prednisone. Prednisone will reduce the inflammation. You're going to take 2 pills each morning for the next 4 days. This medicine can make you feel jittery, so take it in the morning, not at night. This medicine can make your blood sugar high, so check your blood sugar, and if it gets to be 250, call your doctor. I'm also giving you an antibiotic called Augmentin<sup>®</sup> to take care of the infection that caused the flare-up. Take one pill in the morning and one at night until you've taken all the pills. That was a lot of information and I want to be sure I said it clearly. Can you tell me in your own words how you'll take the medicine, so that I know I explained it?

**Veronica:** I'm taking a pill called prednisone for 4 days. I take 2 pills in the morning. I'm also taking an antibiotic—one pill in the morning and one at night.

**Provider:** Good. Anything else?

**Veronica:** And something about blood sugar—the medicine can make it go high so I should check it and call my doctor if it gets to 250.

**Provider:** Good. Now I want to talk about your breathing. It's better, but it's not back to normal yet. You can use your inhaler every 2 to 3 hours if you need to. If your breathing gets so bad that you can't walk, call your doctor. Just so I know I explained it, can you tell me what you'll do at home about your breathing?

**Veronica:** My breathing isn't back to normal, but it's probably OK if I can still walk comfortably. I can use my inhaler if I need it. I'll call my doctor if my breathing gets really bad.

**Provider:** How often will you use your inhaler?

**Veronica:** Every 2 to 3 hours.

**Provider:** Perfect.

## Give information in small chunks

When teaching more than one concept, use “Chunk and Check”: Teach the first concept and check for understanding before moving on<sup>4</sup> (**Box 4**).

### Be clear that you're testing yourself, not the patient:

*“I want to make sure I explained it correctly. Can you tell me in your words how you understand the plan?”*

*“I want to make sure I have explained your medicine clearly. Can you tell me how you will take this medicine?”*

*“We covered a lot today and I want to make sure that I explained things clearly. So let's go over what we discussed. Can you please describe the 3 things you agreed to do to help you control your diabetes?”*

- **If the patient does not teach back correctly**, rephrase—do not simply repeat—and recheck.<sup>4,16</sup>
- **If the patient does not teach-back correctly after several attempts**, consider including a family member, taking a break, or asking another member of the health care team to explain.<sup>16</sup>

## SUMMARY

Effective communication of health information is critical to successful patient care. Commit to an ongoing process of building trust by continually learning about your patients' perspectives and preferences. Use plain language when speaking with patients, limit information to 3 to 5 key points, encourage questions, and use the teach-back method to confirm that you've communicated clearly. ♦

### CLINICAL SCENARIOS<sup>16,17</sup>

1. A 78-year-old woman is discharged from the hospital with heart failure, a stress fracture, and hypertension. Which is the *most* important to convey about the first 24 hours after discharge to ensure a successful transition home?
  - A. Low-salt, high-calcium diet
  - B. Physical therapy for stress fracture
  - C. Reasons to call the doctor
  - D. Flu shot information
2. A 55-year-old man is newly diagnosed with hypertension. Which is the *least* important when teaching him about his condition?
  - A. Anatomy of the cardiovascular system
  - B. Start medicine to lower blood pressure
  - C. Blood pressure is too high
  - D. Possible risks of high blood pressure

#### Answers:

1–**C**: The most important thing for the patient to know immediately after discharge is when to call the doctor. Providing more information will make it harder for the patient to remember priorities.  
2–**A**: The first thing to tell the patient is what is wrong, using plain language.

## RESOURCES FOR PROVIDERS

### Structural Competency

- Think Cultural Health: [cccm.thinkculturalhealth.hhs.gov](http://cccm.thinkculturalhealth.hhs.gov)  
*Free, online educational program accredited for physicians, physician assistants, and nurse practitioners (registration required)*
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: [www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf](http://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf)
- EthnoMed: [ethnomed.org/](http://ethnomed.org/)  
*Specific community cultural profiles and subjects related to ethnic groups; patient education materials in various languages.*
- Structural Competency: [structuralcompetency.org/](http://structuralcompetency.org/)
- Culture Clues™: [depts.washington.edu/pfes/CultureClues.htm](http://depts.washington.edu/pfes/CultureClues.htm)  
*Tip sheets about concepts and preferences of patients from the diverse cultures served by the University of Washington Medical Center*
- Structural competency: Theorizing a new medical engagement with stigma and inequality: [www.ncbi.nlm.nih.gov/pmc/articles/PMC4269606/pdf/nihms648692.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4269606/pdf/nihms648692.pdf)
- Structural competency in the U.S. healthcare crisis: putting social and policy interventions into clinical practice: [www.ncbi.nlm.nih.gov/pmc/articles/PMC4920691/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4920691/)
- Structural racism and health inequities in the USA: evidence and interventions: [www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(17\)30569-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30569-X.pdf)

### Communication Tools

- Centers for Disease Control and Prevention
  - Clear Communication Index User Guide: [www.cdc.gov/ccindex/tool/index.html](http://www.cdc.gov/ccindex/tool/index.html)
  - Plain Language Materials & Resources: [www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html](http://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html)
- AHRQ Health Literacy Universal Precautions Toolkit: [www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html](http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html)

### Teach-back Training

- Always Use Teach-back! training toolkit: [www.teachbacktraining.org/](http://www.teachbacktraining.org/)
- NC Program on Health Literacy Teaching Aids. The Teach Back Method: [nchealthliteracy.org/teachingaids.html](http://nchealthliteracy.org/teachingaids.html) (videos)
- AMA Foundation. Health literacy and patient safety: help patients understand: [www.youtube.com/watch?v=cGfTZ\\_vxjyA](http://www.youtube.com/watch?v=cGfTZ_vxjyA) (video)

### Medication Reminder Forms

- My Medicines Form: [www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlitoolkit2-tool16a.docx](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlitoolkit2-tool16a.docx)
- Medicine Reminder Form: [www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlitoolkit2-tool16b.docx](http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlitoolkit2-tool16b.docx)
- My Medication Log – Keep it Handy: [www.gc.cuny.edu/CUNY\\_GC/media/CUNY-Graduate-Center/PDF/Health/My-Medication-Log.pdf](http://www.gc.cuny.edu/CUNY_GC/media/CUNY-Graduate-Center/PDF/Health/My-Medication-Log.pdf)

### Patient Engagement

- Ask Me 3: [www.npsf.org/?page=askme3](http://www.npsf.org/?page=askme3)  
*Materials and resources to encourage patients to ask questions*
- Questions Are the Answer: [www.ahrq.gov/topics/questions-are-answer.html](http://www.ahrq.gov/topics/questions-are-answer.html)  
*Videos, handouts, and an online question builder for patients*

### City Health Information Archives ([www1.nyc.gov/site/doh/providers/resources/city-health-information-chi.page](http://www1.nyc.gov/site/doh/providers/resources/city-health-information-chi.page))

- *Providing Primary Care to Transgender Adults*
- *Providing Comprehensive Health Care to Men Who Have Sex With Men (MSM)*
- *Making the Sexual History a Routine Part of Primary Care*

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