Say What You Mean and Mean What You Say -- Increasing Plain-Language Communication in Team-Based Care

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BEHAVIORAL OBJECTIVES

- Summarize the interprofessional educational toolkit created to enhance students understanding of health literacy and plain language
- Assess the effectiveness of the interprofessional educational toolkit to strengthen student knowledge of health literacy
- Assess the effectiveness of the interprofessional educational module to improve family understanding of their healthcare visit

BACKGROUND

- Data from the National Center for Education Statistics estimates that 19% of U.S. adults are at or below the lowest reading proficiency level, equal to a child ages 5-7.
- Use of plain-language, avoidance of unclarified medical jargon, limiting the number of concepts covered in a single visit, and "chunking" information are universally recognized as clear communication techniques that can be employed with patients across all health literacy levels
- To improve health outcomes, experts recommend incorporating health literacy into training to improve providers' self-awareness and ability to execute these techniques.

OBJECTIVES

Our objective was to develop an interprofessional educational toolkit that can be used to improve students' knowledge, skills, and attitudes about plain-language communication.

METHODS

- Faculty from nursing, pharmacy, and social work schools developed a multi-modal short course on the intersection of plain language and health literacy as a social determinant of health.
- During didactic sessions, students worked as interdisciplinary teams with representation from at least four professions. Participants took pre and post surveys on knowledge and attitudes of health literacy and plain language.
- Participants completed team-based clinic visits and post-visit patient interaction self-assessments. A study team member tracked unclarified jargon terms in each patient visit. Family feedback and understanding was gathered using a survey.
- Survey responses described using descriptive statistics. Pre- and post-responses will be compared using Wilcoxon signed-rank test. McNemar's test was performed to detect changes in the proportion of participants' responses pre-and post-assessment.

CONTACT INFORMATION

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METHODS CONTINUED

Clinic Setting

- Part of University of Maryland Children's Hospital, pediatric gastroenterology through the lens of IPE and IPC
- Patients from birth to 21 years – approximately 60% from the Baltimore region and a majority Hispanic or Black
- Nursing, medicine, pharmacy, social work, dentistry, law, and physical therapy students participate in two one-hour educational sessions and two half-day clinic sessions in consecutive weeks with clinics run as hybrid telehealth/in-person care

Participant Expectations – Before the Live Clinic

Week 1

- Complete a pre-course survey on plain language/health literacy
- Review Clinic Orientation
- 2 reading excerpts – IPE and oral communication
  2 videos on medical jargon

Week 2

- Patient communication self-evaluation
- 2 reading excerpts – SDoH and written communication
- Find plain language alternatives or clarifications for jargon from Week 1

Participant Expectations – During the Didactic Lesson and Clinic

Week 1

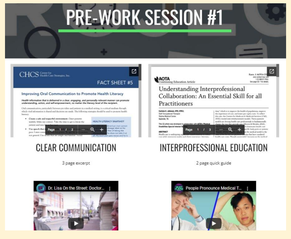
- Get to know your patient care team
- Discuss health literacy, plain language vs jargon, patient outcomes
- Workshop alternative language for pre-identified clinic jargon

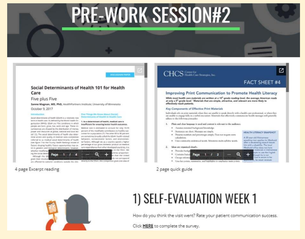
Week 2

- Session #1 Feedback; revisit jargon used
- Discuss SDoH and areas to intervene
- Identify SDoH impacting patient case example and assess a written discharge summary

See clinic patients

Website Navigation





RESULTS

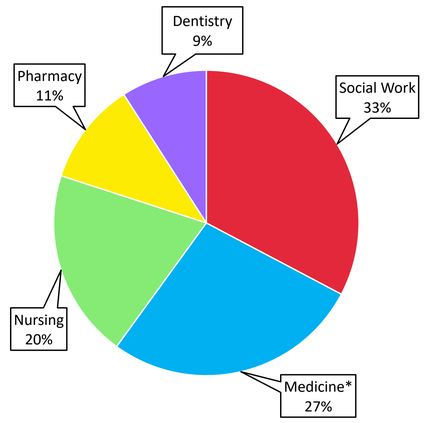
Demographics

- 93 total clinic student participants, 55 completed all required surveys (59% response rate)
- 82% identified as female, 62% as white, 58% age 24-29 years
- 76% of students have health literacy as part of their curriculum

Table 1. Outcomes Related to Health Literacy Knowledge

Survey Questions	Correct N=55, p=0.001	
	Before	After
Limited health literacy is associated with which of the following....	96%	100%
T/F. You can tell how health literate a person is by knowing what grade they completed in school.	89%	91%
Which of the following skills are considered components of health literacy?	89%	100%
T/F. Being anxious affects a person's ability to absorb, recall, and use health information effectively.	98%	100%
What is the average reading level of US adults?	38%	25%
What is the grade level at which health-related information (like a diabetes brochure) is typically written?	20%	64%
What is the best reading level for written materials used with patients?	84%	96%

Figure 1. Students by Discipline



* Including 3 physical therapy students

Jargon Used in Clinic Visits

- The average number of unclarified jargon terms was 2.79 per patient visit (for week 1)
- The average number of unclarified jargon terms was 2.35 per patient visit (for week 2)

Attitudes

- 96% of the students understood how this course contributed to their professional development
- 82% of the students rated live content as effective in improving overall awareness of health literacy & plain language techniques

Table 2. Family Feedback

Questions	YES N=17
Did the student team explain things in a way that was easy to understand?	100%
Did the student team use medical words you did not understand?	12%
Did the student team answer all your questions to your satisfaction?	100%

Example quote: "I loved this experience! We only expected one person to be on the other end of that Zoom call. Then, all the questions really gave me a sense of warmth, and it felt like everyone wants to find a solution and provide any resources my child may need. I loved not feeling dismissed or unheard, that was a first! Thank you for everything!"

DISCUSSION

- Families felt students used accessible language during visits most of the time
- Having a single observer for catching medical jargon was challenging and may have led to missed data
- The toolkit increased health literacy knowledge for an IPE student team. The number of jargon terms per visit is consistent with prior studies indicating that additional time to apply the acquired knowledge is needed.

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