Clear Communication: Helping Your Patient’s Caregivers to Understand

Doug Seubert
Health Communication Specialist

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Medical College of Wisconsin
Children's Hospital of Wisconsin
Disclosure

• I, Doug Seubert, do not have any relevant financial interest or other relationship(s) with any commercial entities producing health care related product and/or services.
Learning Objectives

At the conclusion of this CME activity, the learner will be able to:

1. Define health literacy and its impact on health outcomes and cost

2. List populations who are most at risk for low health literacy
Learning Objectives

3. Identify common characteristics of patients and caregivers with low health literacy

4. Identify evidence-based strategies to improve communication with patients with low health literacy
Patient/Family Centered Care

• “Health care that establishes a partnership among practitioners, patients, and their families to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.”

(Crossing the Quality Chasm, the Institute of Medicine)
Patient/Family Centered Care

• Access to **understandable health information** is essential to empower patients to participate in their care and patient-centered organizations take responsibility for providing access to that information.

(Crossing the Quality Chasm, the Institute of Medicine)
Health Literacy

- Health literacy is the degree to which individuals have the capacity to obtain, process, and understand health information and services needed to make appropriate health decisions.

(IOM Committee on Health Literacy)
Health Literacy

• Health literacy also refers to the capacity of professionals and institutions to communicate effectively so that community members can make informed decisions and take appropriate actions to protect and promote their health.

(Joanne G. Schwartzberg, MD, Director, Aging and Community Health, American Medical Association)
"The single biggest problem in communication is the illusion that it has taken place."

(George Bernard Shaw)
Communication gaffes: a root cause of malpractice claims

- Overwhelmingly, the dominant theme in these studies' findings was a breakdown in the patient-physician relationship, most often manifested as unsatisfactory patient-physician communication.

Patient Perspective

• physician would not listen
• physician would not talk openly
• physician devalued patient or family views
• physician delivered information poorly
• physician failed to understand the patient's perspective

Differences in Communication

• Primary care physicians who had fewer malpractice claims:
  – used more statements of orientation (educating patients about what to expect)
  – Used more facilitation (soliciting patients' opinions, checking understanding, and encouraging patients to talk).

WHY DO ERRORS OCCUR?

When medical mistakes occur, it most often results from miscommunication between the physician and patient, according to a nationwide survey of 1,600 physicians. That suggests that, despite the availability of sophisticated, promising medical treatments, basic human interaction is a linchpin in the delivery of effective healthcare.

**Percentage of physicians citing factors contributing to errors**

- Human error on part of caregiver: 25.7%
- Patient noncompliance with prescribed treatment: 17.89%
- Miscommunication between primary care physician and specialist: 1.9%
- Miscommunication between physician and pharmacist: 3.9%
- Miscommunication between physician and patient: 31.3%
- Misdiagnosis: 11.6%
- Other: 8%

SOURCE: Thomson Reuters

(Published in Health Leaders Media Magazine, August 2008)
“Take two tablets by mouth twice daily”

<table>
<thead>
<tr>
<th>Stated correctly</th>
<th>Demonstrated correctly</th>
</tr>
</thead>
<tbody>
<tr>
<td>89.4% adequate literacy</td>
<td>80.2%</td>
</tr>
<tr>
<td>84.1% marginal literacy</td>
<td>62.8%</td>
</tr>
<tr>
<td>70.7% low literacy</td>
<td>34.7%</td>
</tr>
</tbody>
</table>

What do parents need to understand about antibiotics?

• “For most infections, children older than 3 months but less than 40 kg are treated with 25 mg/kg/day in divided doses every 12 hours, 20 mg/kg/day in divided doses every 8 hours, 40 mg/kg/day in divided doses every 8 hours or 45 mg/kg/day in divided doses every 12 hours depending on type and severity of the infection.”

Tsp. volume range: 2-9 mL
Literacy in America

- National Adult Literacy Survey (NALS) 1992
- National Assessment of Adult Literacy (NAAL) 2003
Figure 2-2. Percentage of adults in each prose, document, and quantitative literacy level: 1992 and 2003

## Literacy and Reading Grade

<table>
<thead>
<tr>
<th>Literacy Level</th>
<th>Reading Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>14% of adult Americans are functioning at the <strong>below basic</strong> literacy skill level.</td>
<td><strong>3rd grade and below</strong></td>
</tr>
<tr>
<td>29% of adult Americans are functioning at the <strong>basic</strong> literacy skill level.</td>
<td><strong>6th grade and below</strong></td>
</tr>
<tr>
<td>44% of adult Americans are functioning at the <strong>intermediate</strong> level.</td>
<td><strong>8th-10th grade</strong></td>
</tr>
<tr>
<td>13% of adult Americans are functioning at the <strong>proficient</strong> level.</td>
<td><strong>10th grade and above</strong></td>
</tr>
</tbody>
</table>
Literacy and Reading Grade

• The average adult in the United States reads at about the sixth to eighth grade reading level, even if their total number of years of education far exceeds that grade level.

Literacy and Reading Grade

• It has been shown that it does not matter how high the reading ability of the targeted group might be; materials written at readability levels of sixth to eighth grade are more effective in conveying health messages and have higher rates of recall across all educational levels.

Literacy and Reading Grade

• It is recommended that health education materials developed for the general public should not exceed sixth to eighth grade levels.

• Most health information is written at a 10th grade level or higher

Healthy You...Healthy Kids

• The prevalence of overweight and obesity in children continues to rise in the United States. As a result, today’s children may have a shorter life expectancy than their parents. Being overweight can have various negative physical, social and mental/emotional effects on a child. Children who are overweight are at increased risk for type 2 diabetes, heart disease, asthma and high blood pressure. They may also face social discrimination and low self-esteem, which can affect academic function as well as everyday life.
Healthy You…Healthy Kids

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Literacy and Adolescents

• Among a national sample of eighth graders, 26% of students scored below the basic reading level score.

• A study of literacy related to health terms found that 46% of adolescents have basic or below basic health literacy skills.
Literacy and Health Literacy

• The National Assessment of Adult Literacy (NAAL) was the first national survey to include measures for health literacy
  – Clinical
  – Prevention
  – Navigation of the health care system
Figure 2-1. Percentage of adults in each health literacy level: 2003

NOTE: Detail may not sum to totals because of rounding. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure. SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

Figure 2-5. Percentage of adults in each health literacy level, by race/ethnicity: 2003

<table>
<thead>
<tr>
<th>Race/ethnicity</th>
<th>Percent Below Basic</th>
<th>Percent Basic and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>Black</td>
<td>24</td>
<td>34</td>
</tr>
<tr>
<td>Hispanic</td>
<td>41</td>
<td>25</td>
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<td>Asian/Pacific Islander</td>
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<td>18</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>25</td>
<td>23</td>
</tr>
<tr>
<td>Multiracial</td>
<td>9</td>
<td>28</td>
</tr>
</tbody>
</table>

NOTE: Detail may not sum to totals because of rounding. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure. All adults of Hispanic origin are classified as Hispanic, regardless of race. The Asian/Pacific Islander category includes Native Hawaiians. Black includes African American, and Hispanic includes Latino. SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

Figure 2-7. Percentage of adults in each health literacy level, by age: 2003

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent Below Basic</th>
<th>Percent Basic and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-18</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>19-24</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>25-39</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>40-49</td>
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<td>21</td>
</tr>
<tr>
<td>50-64</td>
<td>13</td>
<td>21</td>
</tr>
<tr>
<td>65+</td>
<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>

NOTE: Detail may not sum to totals because of rounding. Adults are defined as people 16 years of age and older living in households or prisons. Adults who could not be interviewed because of language spoken or cognitive or mental disabilities (3 percent in 2003) are excluded from this figure. SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy.

Who is at risk?

- Older adults
- Racial and ethnic minorities
- Non-native speakers of English
- People with less than a high school degree or GED certificate
- People with low income levels
- People with compromised health status
Who is at risk?

- Older adults
- Racial and ethnic minorities
- Non-native speakers of English
- People with less than a high school degree or GED certificate
- People with low income levels
- People with compromised health status
- **EVERYONE**
Assessing Literacy

• You can’t tell by looking
• You can’t expect patients to tell you
  – 75% of patients with low literacy do not tell their health care providers
  – 85% do not tell coworkers
  – 68% do not tell spouse

Assessing Health Literacy

- Rapid Estimate of Adult Literacy in Medicine (REALM)
- Test of Functional Health Literacy in Adults (TOFHLA)
- The Newest Vital Sign (NVS)
Evidence Does Not Support Clinical Screening of Literacy

Michael K. Paasche-Orlow, MD, MA, MPH¹ and Michael S. Wolf, PhD, MPH²

¹Section of General Internal Medicine, Boston University School of Medicine, Boston, MA, USA; ²Health Literacy and Learning Program, Institute for Healthcare Studies and Division of General Internal Medicine, Northwestern University, Chicago, IL, USA.

Limited health literacy is a significant risk factor for adverse health outcomes. Despite controversy, many health care professionals have called for routine clinical screening of patients’ literacy skills. Whereas brief literacy screening tools exist that with further evaluation could potentially be used to detect limited literacy in clinical settings, no screening program for limited literacy has been shown to be effective. Yet there is a noted potential for harm, in the form of shame and alienation, which might be induced through clinical screening. There is fair evidence to suggest that possible harm outweighs any current benefits; therefore, clinical screening for literacy should not be recommended at this time.

Whereas screening for limited literacy might sound appealing to mitigate the health impact of this prevalent, dangerous, and often silent phenomenon, there are several important considerations that must first be addressed. We present a critical review of the case for literacy screening in clinical settings that summarizes the utility of literacy screening to date and its value added, if any, to medical care.¹

**RATIONAL FOR CLINICAL SCREENING**

A call for literacy screening is driven by the preponderance of research demonstrating associations and the predictive power of literacy skills on various health outcomes. Specifically, studies have shown that adult literacy is associated with the use of preventive services, comprehension of medical conditions and adherence to medical instructions, self-management skills, physical and mental health, mortality, and health care costs.¹ ¹,¹²,¹³
LIMITED LITERACY HAS BEEN SHOWN TO BE ASSOCIATED WITH POOR HEALTH IN A WIDE VARIETY OF SETTINGS, AND IS PARTICULARLY PREVALENT AMONG THE ELDERLY, MINORITIES, THOSE WITH LOWER LEVELS OF EDUCATIONAL ATTAINMENT, AND THOSE WITH CHRONIC DISEASE. \(^1\) THE LITERACY AND HEALTH LITERATURE CALLS ATTENTION TO THE WAYS IN WHICH THE CURRENT HEALTH CARE SYSTEM IS INADEQUATE, NOT ONLY FOR THE ESTIMATED 90 MILLION U.S. ADULTS WITH LIMITED LITERACY, BUT FOR MOST USERS OF THE SYSTEM. THE IMPLICATIONS OF LIMITED LITERACY SHOULD BE UNDERSTOOD AS A CHALLENGE TO THE BASIC JUSTICE OF A HEALTH CARE SYSTEM ORGANIZED FOR THE MOST HIGHLY EDUCATED AND POWERFUL MEMBERS OF OUR SOCIETY.

THE NATIONAL INSTITUTES OF HEALTH HAVE DEFINED HEALTH LITERACY AS THE "DEGREE TO WHICH INDIVIDUALS HAVE THE CAPACITY TO OBTAIN, PROCESS AND UNDERSTAND BASIC HEALTH INFORMATION"

FIRST PRINCIPLE: PROMOTE PRODUCTIVE INTERACTIONS

Exercise Universal Precautions to Assure Comprehension
Health Literacy Universal Precautions Toolkit

The Agency for Healthcare Research and Quality commissioned the University of North Carolina at Chapel Hill to develop and test this Health Literacy Universal Precautions Toolkit. The toolkit offers primary care practices a way to assess their services for health literacy considerations, raise awareness of the entire staff, and work on specific areas.

What Are Health Literacy Universal Precautions?

Health literacy is the ability to obtain, process, and understand basic health information and services needed to make appropriate decisions. Over a third of patients have limited health literacy, which results in their not understanding what they need to do to take care of their health. Limited health literacy is associated with poor management of chronic diseases, poor ability to understand and adhere to medication regimes, increased hospitalizations, and poor health outcomes.

Universal precautions refer to taking specific actions that minimize risk for everyone when it is unclear which patients may be affected. For example, health care workers take universal precautions when they minimize the risk of bloodborne disease by using gloves and proper disposal techniques. Health literacy universal precautions are needed because providers don’t always know which patients have limited health literacy.

How Can This Toolkit Help?

Experts recommend assuming that everyone may have difficulty understanding and creating an environment where all patients can thrive. Research suggests that clear communication practices and removing literacy-related barriers will improve care for all patients, regardless of their level of health literacy.

This toolkit is designed to help adult and pediatric practices ensure that systems are in place to promote better understanding by all patients, not just those you think need extra assistance. The toolkit is divided into manageable chunks so that its implementation can fit into the busy day of a practice. It contains the following:

- Quick Start Guide.
- Path to Improvement (6 steps to take to implement the toolkit).
- 20 Tools (2-5 pages each).
- Appendices (over 25 resources such as sample forms, PowerPoint presentations, and worksheets).

Select to download a copy of the toolkit (PDF file, 3.9 MB; PDF Help).

Additional resources related to this toolkit are located at: [http://www.nchalthliteteracy.org/toolkit/](http://www.nchalthliteteracy.org/toolkit/)

AHRQ Publication No. 10-0046-EF
Current as of April 2010

Internet Citation: [http://www.ahrq.gov/qual/literacy/](http://www.ahrq.gov/qual/literacy/)
Tips for Communicating Clearly

Overview

Patients often need to remember several things when they leave a primary care practice. Communicating effectively with patients is important to ensure:

- Patient safety.
- Patient self-management.
- Efficient use of time.

All levels of communication are important, whether it be for diagnostic purposes, taking medication correctly, preparing for lab work, home care, followup, or scheduling appointments. Clear oral communication strategies help patients feel more involved in their health care and increase their likelihood of accepting recommendations.

Purpose

To introduce effective oral communication strategies and offer suggestions on how to increase staff awareness as they interact with patients. This tool is for the entire health care team.
Action

- Key communication strategies.
  ◇ Warm greeting: Greet patients with a smile and a welcoming attitude.
  ◇ Eye contact: Make appropriate eye contact throughout the interaction.
  ◇ Plain, non-medical language: Use common words when speaking to patients. Take note of what words they use to describe their illness and use them in your conversation.
  ◇ Slow down: Speak clearly and at a moderate pace.
  ◇ Limit content: Prioritize what needs to be discussed and limit information to 3-5 key points.
  ◇ Repeat key points: Be specific and concrete in your conversation and repeat key points.
  ◇ Graphics: Draw pictures, use illustrations, or demonstrate with 3-D models.
  ◇ Patient participation: Encourage patients to ask questions and be involved in the conversation during visits and to be proactive in their health care.
    ◇ Refer to Tool 14: Encourage Questions for guidance on how to encourage your patients to ask questions.
The Teach-Back Method

Overview

Studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately\(^1\) and nearly half of the information retained is incorrect.\(^2\) One of the easiest ways to close the gap of communication between clinician and patient is to employ the “teach-back” method, also known as the “show-me” method or “closing the loop.”\(^3\) **Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands.** Patient understanding is confirmed when they explain it back to you. It can also help the clinic staff members identify explanations and communication strategies that are most commonly understood by patients.

Purpose

To provide your practice with examples and helpful advice on performing the teach-back method.
Tips ★

Suggested Approaches When Using Teach-back.

- “I want to be sure that I explained your medication correctly. Can you tell me how you are going to take this medicine?”

- “We covered a lot today about your diabetes, and I want to make sure that I explained things clearly. So let’s review what we discussed. What are three strategies that will help you control your diabetes?”

- “What are you going to do when you get home?”

2. Try the teach-back method.
   - **Start Slowly.** Initially, you may want to try it with the last patient of the day.
   - **Plan your approach.** Think about how you will ask your patient to teach-back information based on the topic you are reviewing. Keep in mind that some situations will not be appropriate for using the teach-back method.
   - **Use handouts.** Reviewing written materials to reinforce the teaching points can be very helpful for patient understanding. Refer to Tool 12: Use Health Education Materials Effectively.
• Clarify. If patients cannot remember or accurately repeat what you asked them, clarify your information or directions and allow them to teach it back again. Do this until the patient is able to correctly describe in their own words what they are going to do, without parroting back what you said.

• Practice. It may take some getting used to, but studies show that once established as part of a routine, it does not take longer to perform.

Track Your Progress

• Assess results of the teach-back method with staff and patients.
  ◊ The Teach-Back Self-Evaluation and Tracking Log provides a method for staff to document their experience using the teach-back method. Encourage staff to use the logs, and hold a discussion about their experience. This will allow people to share teach-back strategies that worked best. In addition, it is helpful to ask patients if they find the teach-back interaction positive and helpful during the patient encounter.

• Assess how often the teach-back is used.
  ◊ A few weeks after first trying the teach-back, track how many clinicians or staff members are using it. Have each individual keep a log of when and how it was used over the course of a few days.
Communication Techniques for Patients With Low Health Literacy: A Survey of Physicians, Nurses, and Pharmacists

Joanne G. Schwartzberg, MD; Allison Cowett, MD, MPH
Jonathan VanGeest, PhD; Michael S. Wolf, PhD, MPH

Objective: To explore the self-reported techniques used by healthcare professionals to enhance communication with patients with low health literacy. Methods: A survey was administered to physicians (n=99), nurses (n=87), and pharmacists (n=121) attending continuing education programs on patient safety and health care quality. Each was asked to rate communication-enhancing strategies by frequency of use and effectiveness with patients with low health literacy. Results: Using simple language (94.7%), handing out printed materials (70.3%), and speaking more slowly (67.3%) were the most commonly used strategies. Strategies currently recommended by health literacy experts were less routinely used. Conclusions: Further research is needed that evaluates the effectiveness of communication strategies for patients with limited literacy skills within diverse clinical encounters.

Key words: health literacy, communication, patient education

Am J Health Behav. 2007;31(Suppl 1):S96-S104

What communication strategies are most effective?

What communication strategies do you use most often?
Communication Techniques

- Teach Back
- Speaking Slowly
- 2 or 3 Concepts
- Follow at Home
- Simple Language
- Reading Aloud
- Printed Materials

Legend:
- Effective
- Routine Use
The Cost of Low Health Literacy

- Costs associated with low health literacy are poorer health, higher rates of hospitalization and an increase in total healthcare costs.

Annual health care costs for those with low literacy skills are four times higher than for those with higher literacy skills.

- Annual cost today: $106-238 billion
- Future costs based on today’s actions or inactions: $1.6-3.6 trillion


- Annual cost today: $3.3-7.6 billion
- Future costs based on today’s actions or inactions: $51-116 billion

Health Policy Brief: The High Economic Feb. 2009 (Wisconsin Literacy)
Patients with Lower Health Literacy:

• are more likely to delay seeking care
• are more likely to utilize emergency care
• are less likely to obtain preventive health services
• are twice as likely to be hospitalized and remain in the hospital more days per each admission
• are less likely to comply with recommended treatment
• are more likely to make medication errors
• are less likely to ask questions
## Low Parental Literacy and Pediatric Asthma

<table>
<thead>
<tr>
<th>Outcome related to Asthma</th>
<th>Likelihood compared to children of higher literacy parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalizations</td>
<td>4.6</td>
</tr>
<tr>
<td>Emergency Room Visits</td>
<td>1.4</td>
</tr>
<tr>
<td>Missed Days of School</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Pregnant Women: Concern about Effect of Smoking on Baby

The Health Literacy of Parents in the United States: A Nationally Representative Study

AUTHORS: H. Shonna Yin, MD, MS, Matthew Johnson, PhD, Alan L. Mendelsohn, MD, Mary Ann Abrams, MD, MPH, Lee M. Sanders, MD, and Bernard P. Dreyer, MD

OBJECTIVE: To assess the health literacy of US parents and explore the role of health literacy in mediating child health disparities.

METHODS: A cross-sectional study was performed for a nationally representative sample of US parents from the 2003 National Assessment of Adult Literacy. Parent performance on 13 child health-related tasks was assessed by simple weighted analyses. Logistic regression analyses were performed to describe factors associated with low parent health literacy and to explore the relationship between health literacy and self-reported child health insurance status, difficulty understanding over-the-counter medication labeling, and use of food labels.

RESULTS: More than 6100 parents made up the sample (representing 72,600,098 US parents); 28.7% of the parents had below-basic/basic health literacy. 68.4% were unable to enter names and birth dates correctly on a health insurance form, 85.9% were unable to calculate the annual cost of a health insurance policy on the basis of family size, and 46.4% were unable to perform at least 1 of 2 medication-related tasks. Parents with below-basic health literacy were more likely to have a child without health insurance in their household (adjusted

The Health Literacy of Parents

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- 28.7% of the parents had below-basic/basic health literacy

The Health Literacy of Parents

- 68.4% were unable to enter names and birth dates correctly on a health insurance form.
- 65.9% were unable to calculate the annual cost of a health insurance policy on the basis of family size.

The Health Literacy of Parents

- Parents with below-basic health literacy were more likely to have a child without health insurance in their household.

- Parents with below-basic health literacy had 3.4 times the odds of reporting difficulty understanding over-the-counter medication labels.

Patient Activation

• The ability to manage one’s own health and health care.

(Judith Hibbard et al.)
Patients with Low Activation:

- are more likely to delay care
- have lower levels of preventive health behaviors and preventive care
- are less likely to adhere to treatment
- are less likely to engage in self-management of health conditions
- are less likely to report that they set goals or were taught how to self-monitor their condition
- get less support in managing their health
- are less likely to ask questions
Patient Activation

• Research suggests activation may help compensate for lower literacy skill, increasing comprehension among those with lower literacy.

(Judith Hibbard et al.)
Patient Activation Strategies

- Encourage questions
- Provide options for patient education
- Use partnership language ("we")
- Promote patient/family/caregiver roles within the “care team”
- Provide access to medical record
- Goal setting
- Shared accountability
Family-Centered Care and the Pediatrician’s Role

• Pediatricians should promote the active participation of all children in the management and direction of their own health care, beginning at an early age and continuing into adult health care.

American Academy of Pediatrics, Institute For Family-Centered Care Policy Statement
Family-Centered Care and the Pediatrician’s Role

• Pediatricians should unequivocally convey respect for parents’ or guardians’ unique insight into and understanding of their child’s behavior and needs, and should actively seek out their observations.

American Academy of Pediatrics, Institute For Family-Centered Care Policy Statement
Family-Centered Care and the Pediatrician’s Role

- In every health care encounter, pediatricians should share information with children and families in ways that are useful and affirming.

American Academy of Pediatrics, Institute For Family-Centered Care Policy Statement
Time to Talk CARDIO is an educational program underwritten by Merck & Co., Inc. and developed in partnership with the American Academy of Family Physicians Foundation, Canyon Ranch Institute and RIASWorks.

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http://timetotalkcardio.com/
CARDIO Videos

• Teach Back

• Partnership language

• Identify barriers

• Agenda setting

Time to Talk CARDIO is an educational program underwritten by Merck & Co., Inc. and developed in partnership with the American Academy of Family Physicians Foundation, Canyon Ranch Institute and RIASWorks.

http://timetotalkcardio.com/
Advice from Kathy R.

• A 54-year-old single mother who's dyslexic and who has two dyslexic daughters and several family members with other learning disabilities.

• A writer and advocate for children with learning disabilities.
Advice from Kathy R.

• As both a patient and a parent, I would say the easiest way to improve communication between provider and patient is first, don't make the mistake of assuming that we don't know what's going on or that we won't understand. We will understand IF you speak plain English and NOT “medicalesse.“ Talk to us, but not down to us.
Advice from Kathy R.

• Talk to the patient as well as to the person with them and help them understand. Talk to children the same way, after all it's their body that you're talking about. I was born with a rare blood disorder and was in and out of hospitals until the age of 13 and I hated that the doctors talked to my parents but not to me, when it was my blood they were talking about.
Advice from Kathy R.

• Treat your patients as you would want to be treated as a patient, and that alone would greatly improve communication between patient and provider.
Contact Information

Doug Seubert
Health Communications Specialist
Advantage Consulting Services
PO Box 56
Marshfield, WI 54449
www.healthcommunications.org
(715) 383-0897
doug@healthcommunications.org