

## Educational support materials for ABIM's *Care for the Underserved* Module

### Module #7

A major function of the medical encounter is educating the patient. Unfortunately, patients recall and comprehend as little as 50% of the information that is presented by their physicians. Patients with limited health literacy are even less likely to recall and comprehend medical information.<sup>1</sup>

One strategy for effective physician-patient communication is to confirm patients' understanding by asking them to repeat what was discussed during the encounter.<sup>2-4</sup> Benefits of the "teach back method" that have been demonstrated in studies include glycemic control and correct use of medications.<sup>1,5</sup>

Patients with low literacy often avoid the embarrassment of having their lack of understanding revealed by remaining quiet.<sup>6</sup> Merely asking a patient if they have understood is less likely to reveal confusion than the "teach back," or "show-me" approach. Checking for lapses in recall and understanding may also uncover health beliefs and encourage interaction. Health care providers can then tailor their explanations based on the patients' understanding.<sup>1, 7-12</sup> When confirming comprehension, it is important to recognize both how often healthcare providers fail to provide simple explanations and how intimidating the health care environment can be. Acknowledging these difficulties explicitly may be useful. The clinician might ask, for example: "To be sure I explained it to you well enough, would you mind showing me how you will take the new medicine?"

Multiple modes of communication are also likely to improve comprehension and retention of medical information and instruction. Videos, audiotapes, written information, health education classes, and review with other healthcare providers can reinforce, clarify and remind patients of important information. Engaging multiple members of the health care team in patient education, writing simple instructions and making drawings are all useful techniques.<sup>1,12,13</sup>

*For further information, see the following:*

1. Schillinger D, Piette J, Grumbach K, Wang F, Wilson C, Daher C, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med* 2003 Jan 13;163(1):83-90.
2. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care: Unequal Treatment: Confronting Racial and Ethnic Disparities in Care. Washington, DC. The National Academies Press; 2002.

*This educational support material was created by the Society of General Internal Medicine's Disparities Task Force. For more information, visit [www.sgim.org/go/disparities](http://www.sgim.org/go/disparities)*

## Educational support materials for ABIM's *Care for the Underserved* Module

3. Bertakis KD. The communication of information from physician to patient: a method for increasing patient retention and satisfaction. *J Fam Pract* 1977 Aug;5(2):217-22.
4. Doak CC, Doak LG, Friedell GH, Meade CD. Improving comprehension for cancer patients with low literacy skills: strategies for clinicians. *CA Cancer J Clin* 1998 May;48(3):151-62.
5. Davis TC, Federman AD, Bass PF, III, Jackson RH, Middlebrooks M, Parker RM, et al. Improving patient understanding of prescription drug label instructions. *J Gen Intern Med* 2009 Jan;24(1):57-62.
6. Baker DW et al. The health care experience of patients with low literacy. *Arch Fam Med* 1996; 5(6): 329-224.
7. Greenfield S, Kaplan SH, Ware JE, Jr., Yano EM, Frank HJ. Patients' participation in medical care: effects on blood sugar control and quality of life in diabetes. *J Gen Intern Med* 1988 Sep;3(5):448-57.
8. Legg E, Evans J. Patients' choices and perceptions after an invitation to participate in treatment decisions. 34 ed. 1992. p. 1217-25.
9. Ley P. *Communicating with Patients: Improving Communication, Satisfaction, and Compliance*. NYC, NY: 1988.
10. Ong LM, de Haes JC, Hoos AM, Lammes FB. Doctor-patient communication: a review of the literature. *Soc Sci Med* 1995 Apr;40(7):903-18.
11. Osborne H. *Communicating with people who have difficulty reading*. Gaithersburg, Md: Aspen Publishers, Inc.; 2001. p. 1-12.
12. Tuckett DA, Boulton M, Olson C. A new approach to the measurement of patients' understanding of what they are told in medical consultations. *J Health Soc Behav* 1985 Mar;26(1):27-38.
13. Paasche-Orlow, M and Parker R *Improving the effectiveness of patient education: A focus on limited health literacy* in *Medical management of Vulnerable and Underserved Patients: Principles, Practice and Populations*, King T and Wheeler M (eds) McGraw-Hill, 2007.
14. Seligman HK, Wallace AS, DeWalt DA, Schillinger D, Arnold CL, Shilliday BB, et al. Facilitating behavior change with low-literacy patient education materials. *Am J Health Behav* 2007 Sep;31 Suppl 1:S69-S78.