

Mastering oral communication skills to narrow the health literacy divide: Are we teaching, and evaluating health professions learners to meet our goals?

A health literacy educational research agenda

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Session objectives

1. Discuss key elements of communication skills that are part of health literacy educational competencies for health professionals

2. Discuss the responsibility of clinician educators to not only teach health literacy oral communication skills, but to evaluate whether their students incorporate these skills and strategies in their everyday interactions with patients.

3. Discuss at least one way clinician educators can evaluate the health literacy oral communication skills of their student trainees

4. Identify gaps in training on health literacy communication skills and begin to identify practical means of filling those gaps



Overview:

A Health Literacy Educational Research Agenda

- Define the desired outcome
- Determine what is already known
- What key information is missing?

Desired outcomes

- Health literacy competency:

The knowledge, skills and attitudes which health professionals need in order to address low health literacy among consumers of health care and health information

(Coleman, Hudson & Maine, 2013)

- Health literacy practices:

Patient-centered protocols and strategies to minimize the negative consequences of low or limited health literacy

(Barrett et al, 2008)

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The Health Literacy Gap

Health Literacy

Individual
Skills &
Abilities

Complexity &
Demands of
Health and the
Healthcare
System

Clear
Communication

Adapted from Ruth Parker:

<http://www.iom.edu/~media/Files/Activity%20Files/PublicHealth/HealthLiteracy/Parker.pdf>

Poor detection

- Healthcare providers cannot easily tell which patients have low health literacy

(e.g., Bass et al, 2002)

- Healthcare providers consistently overestimate their patients' health literacy skills

(e.g., Dickens et al, 2013)

Training deficiencies

Significant gaps in health literacy awareness, knowledge, skills, practices, and attitudes documented across health professions

(Toronto & Weatherford, 2015; Coleman, 2011)

Providers overestimate their knowledge about health literacy

- Nurses and other health professionals

(Mackert et al, 2011)

- Rural Family doctors, family medicine residents, nurses, and other health professionals

(Coleman & Fromer, 2015)

- Medical students

(Coleman, Peterson-Perry & Bumsted, 2016a)

- Academic Family Medicine residents

(Coleman, Garvin, Peterson-Perry, Sachdeva & Kobus, in review)

Low confidence

- less than 10% of medical students, physician assistant students, and internal medicine residents were confident of their HL knowledge and ability to identify and communicate with low HL patients.

(Ali et al, 2014)

Practice deficiencies

Across professions, many best practices for effective communication with low health literacy patients are not routinely used

(Coleman, 2011; Schwartzberg et al, 2007)

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Health Literacy Practices and Educational Competencies for Health Professionals: A Consensus Study

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Health care professionals often lack adequate knowledge about health literacy and the skills needed to address low health literacy among patients and their caregivers. Many promising practices for mitigating the effects of low health literacy are not used consistently. Improving health literacy training for health care professionals has received increasing emphasis in recent years. The development and evaluation of

Recently replicated in Europe
(Karuranga et al, unpublished)

Prioritized health literacy practices (Tier 1)

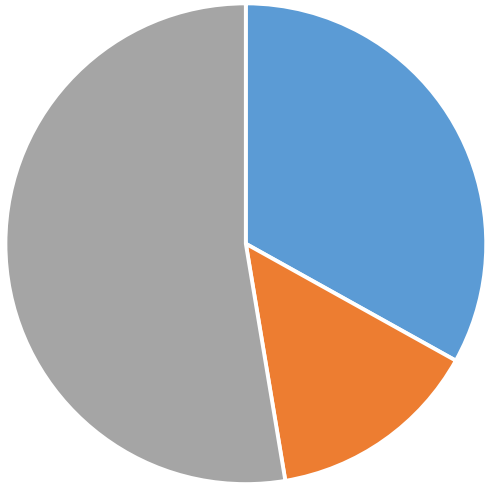
Rank	Health Literacy Practice*
1	Uses teach back
2	Avoids using medical jargon
3	Asks “what questions do you have?”
4	Uses universal precautions
5	Emphasizes 1-3 “need-to-know” items
6	Recommends use of professional interpreters
7	Elicits full list of concerns and negotiates agenda at outset

*Paraphrased for brevity

(Coleman, Hudson, Pederson, unpublished)

Prevalence of HL curricula, U.S.

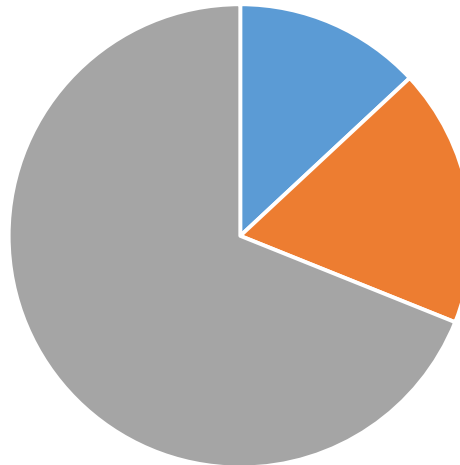
Allopathic Medical Schools



■ HL Curricula ■ No HL Curricula ■ No response ■

(Coleman & Appy, 2012)

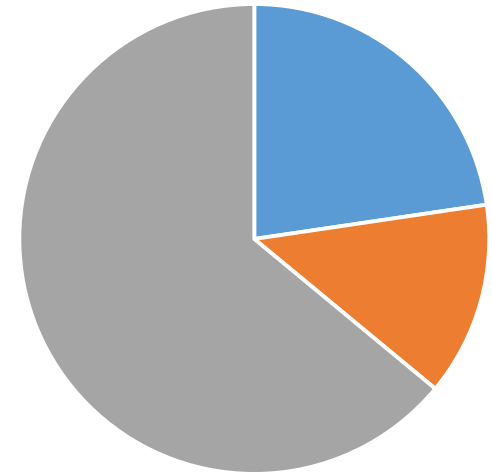
Family Medicine Residencies



■ HL Curricula ■ No HL Curricula ■ No response ■

(Coleman et al, 2016a)

Baccalaureate Nursing Programs



■ HL Curricula ■ No HL Curricula ■ No response ■

(Scott, 2016)

Does training work?

- Physicians & other health professionals report improved knowledge and planned behavior after a stand-alone health literacy training

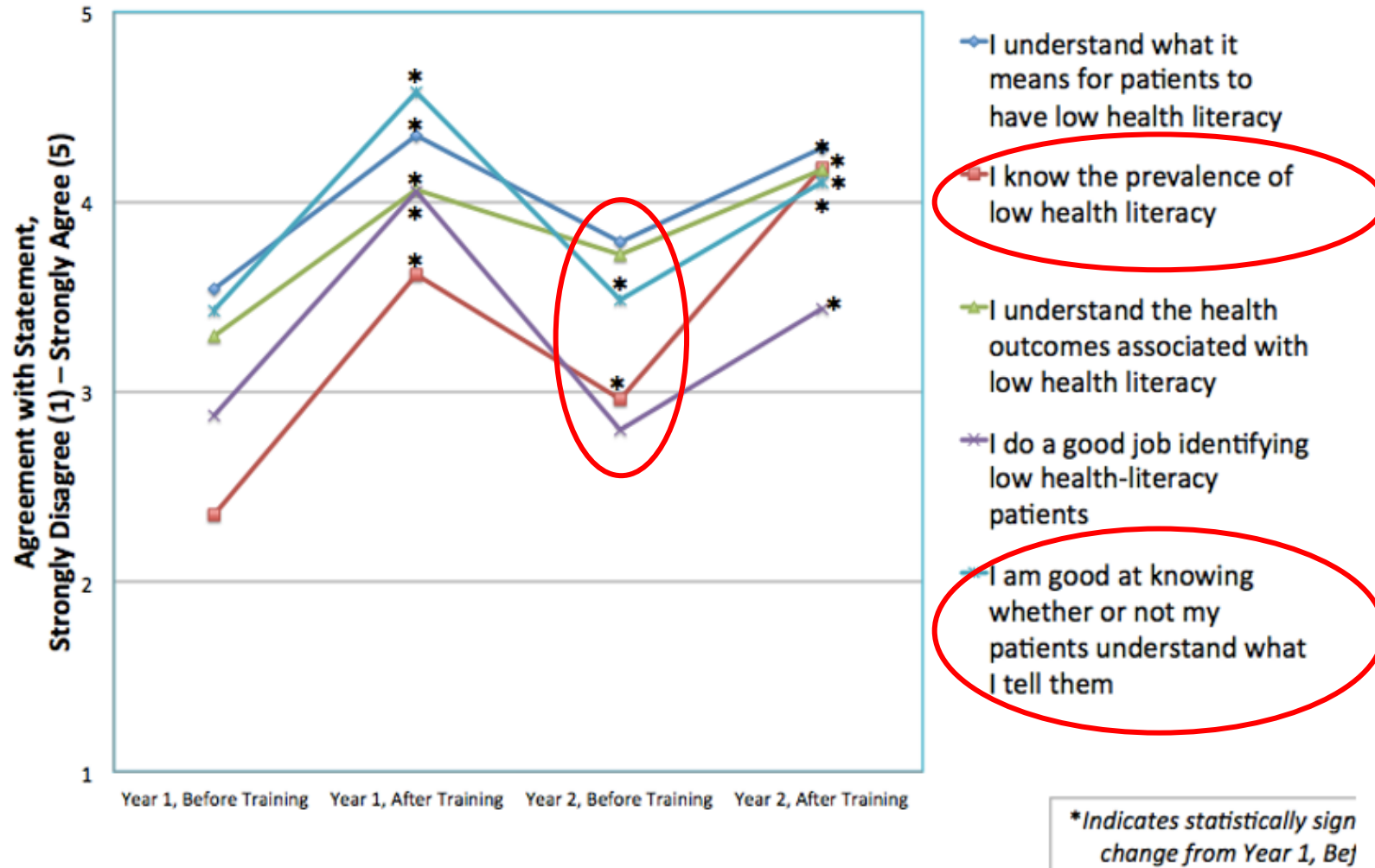
(Coleman & Fromer, 2015)

- Question: how durable are these gains?

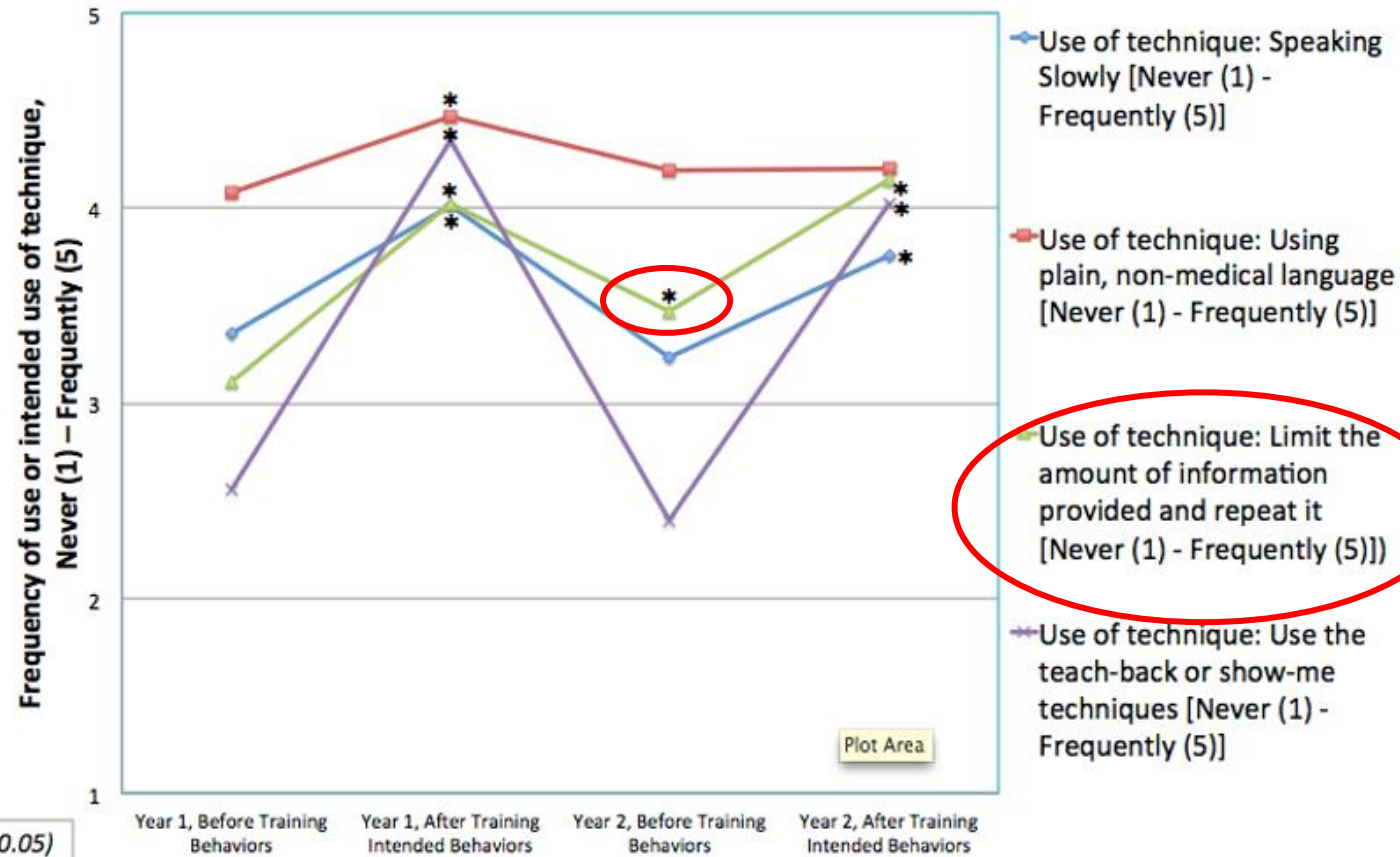
Med student gains not sustained

- Preclinical medical students reported significant gains in knowledge and planned behaviors immediately after 1st HL training
- 1 year later most gains had been lost
- Significant gains again reported after a second training

Health Literacy Attitudes and Knowledge



Use of Health Literacy Techniques

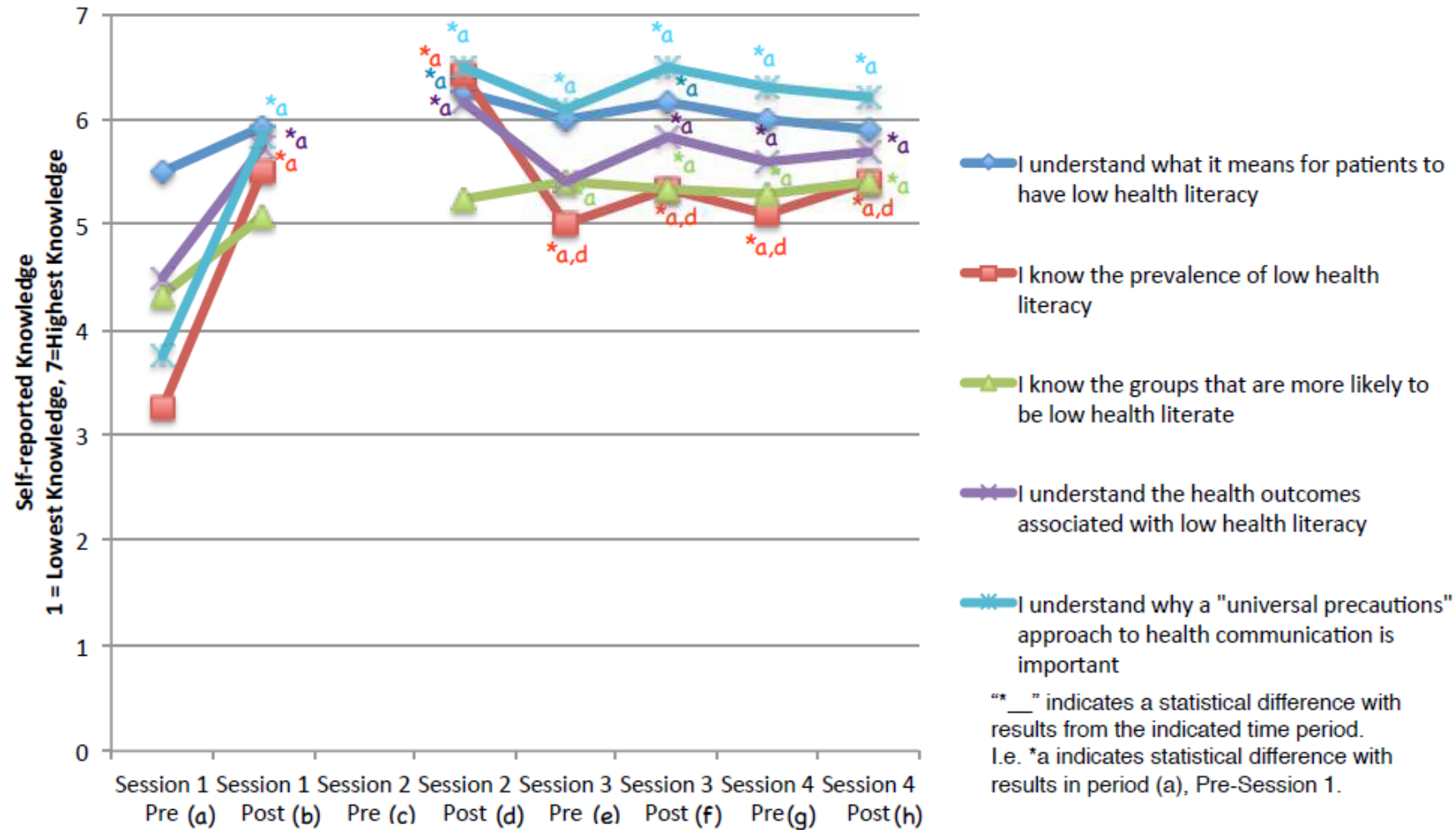


Significant ($p \leq 0.05$)
after Training

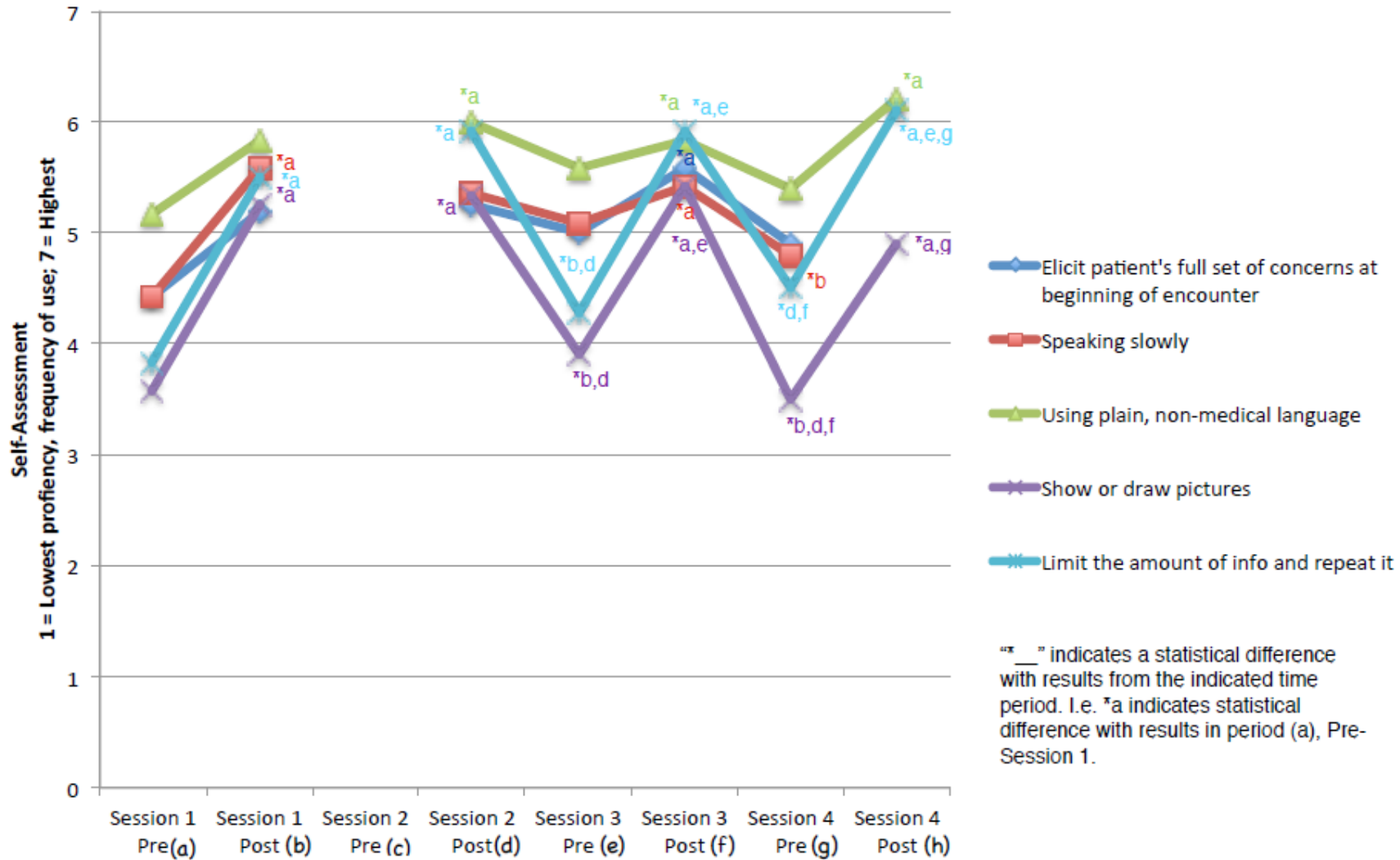
Resident gains partly sustained

- Family medicine residents reported sustained gains in health literacy knowledge
- Most planned behaviors were not assimilated into practices after multiple trainings
- Two planned behaviors showed sustained improvement:
 - Asking “What questions do you have?”
 - Using teach back

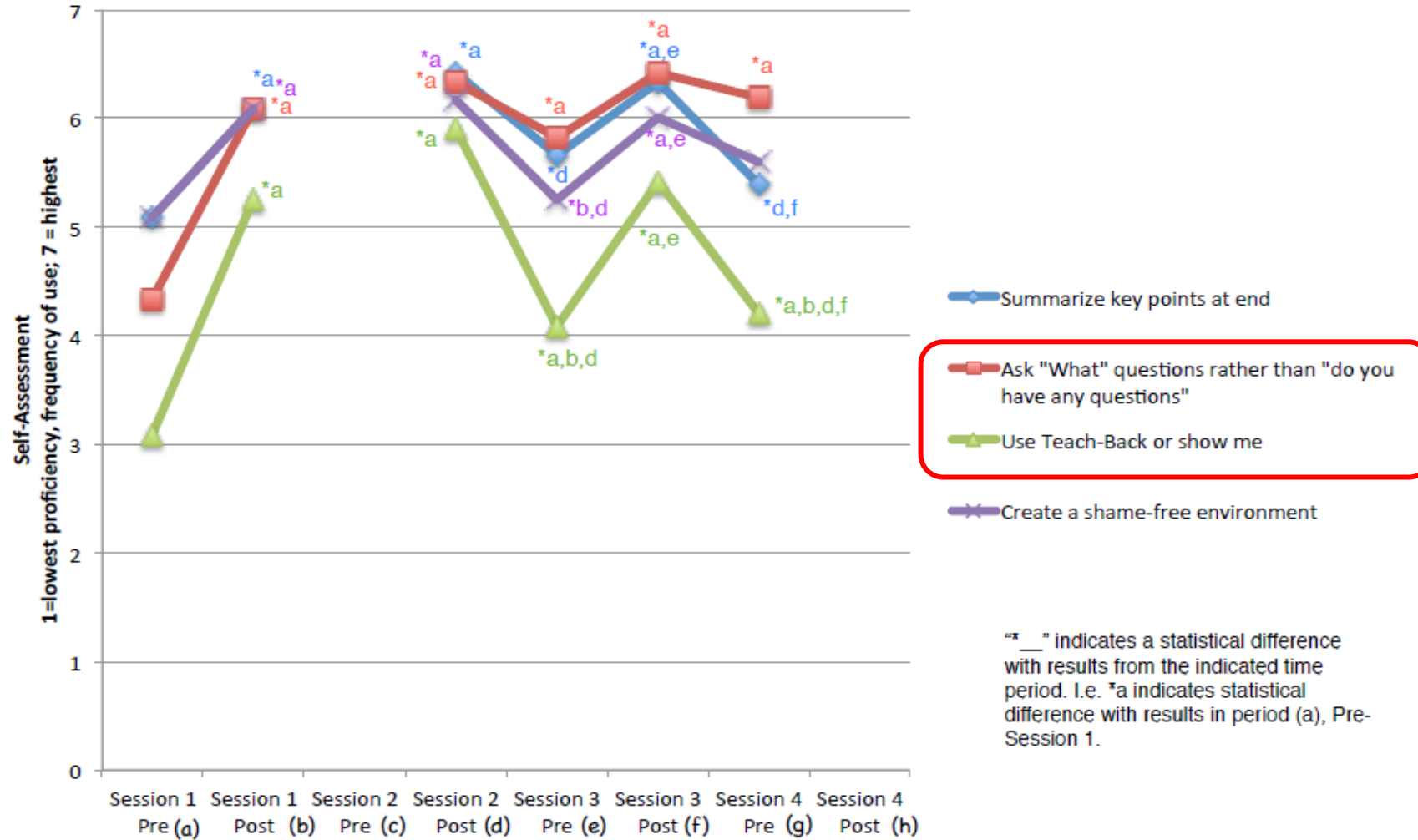
Self-Reported Health Literacy Knowledge



Health Literacy Techniques, Part 1



Health Literacy Techniques, Part 2



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- Define the desired outcome
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What key information is missing?

- How effective are current HL curricula?
- Which HL practices are most important?
- Which instructional methods are most effective?
- How to incentivize routine use of HL practices?
- What are the difference in educational needs across health professions?
- What is the most effective timing for HL instruction?
- What approaches are effective for continuing education or faculty development?
- How to integrate HL instruction with culturally responsive care instruction?
- No validated tools for measuring HL educational outcomes.

Thank you!

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