

COMMUNICATING HEALTH INFORMATION*

▶ ABOUT THIS ACTIVITY

🕒 **Time:** 90 minutes

➔ **Objectives:** By the end of this session, participants will be able to:

- Define health literacy.
- Describe ways to improve patient understanding.
- Translate medical jargon into simple, everyday language.
- Describe the “teach-back” or “show me” approach to patient education.

★ **Training Methods:** Role Play, Large Group Activity, Dyad Activity, Skills Practice

✓ **In This Activity You Will...**

- Perform contrasting role plays on health education to highlight effective and ineffective health communication skills. (30 minutes)
- Discuss the concept of literacy and health literacy. (10 minutes)
- Ask participants to do a group exercise to translate medical terms/ jargon into everyday language. (20 minutes)
- Break group into pairs to practice effective communication techniques through role plays. (30 minutes)

(continued next page)

Instructions

1. Introduce the session on Communicating Health Information. Tell participants that the facilitators will be conducting a role play in front of the class and ask them to take note of how effectively the “peer” provided health education to the “client.”
2. Conduct “Bad Role Play” in front of participants – do it standing. When it is over, ask for feedback on things the “peer” did well and areas for improvement (use Key Points). If participants do not bring up the issue of health literacy, the facilitator(s) should do so, referring to the Health Literacy handout.
3. Ask participants to read Health Literacy paragraph by paragraph, asking for volunteers.
4. After processing the first role play, introduce 2nd role play and ask participants to note ways that the “peer” tries to more effectively educate client; acknowledge that there may still be room for improvement and let participants know that you welcome their suggestions.
5. Conduct Good Role Play in front of participants – do it sitting side by side. When it is over, ask for feedback on things the “peer” did well and areas for improvement (use Key Points).
6. Wrap up processing by asking participants if they have any suggestions from their own experience in improving patient/client education.
7. Break up into three smaller groups. Tell participants that even though we are all aware of the need to speak to our clients in simple language, we sometimes accidentally slip medical jargon into our speech. Pass out a Jargon-Busting Worksheet to all participants and ask them to work with their groups to translate the medical terms on the sheet into simple, everyday language.

* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

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ABOUT THIS ACTIVITY (CONT.)

Materials:

- Handout- Bad Role Play
- Handout- Good Role Play
- Handout - Patient-Provider Communication Challenges
- Handout - Health Literacy
- Handout - Jargon-Busting Worksheet
- Handout - Role plays
- Markers
- Flip chart paper

Preparation:

- Prepare flipcharts and handouts
- Partially cut participant role plays so they can separate them once handed out

8. Remind participants to use very few syllables and describe each item in 10 words or less. Give the groups 10 minutes to work on their sheets.
9. When groups are finished with their sheets, ask them for the translations they came up with. Do all 3 definitions at once for a particular word. Ask participants to keep these simpler terms in mind the next time they meet with clients.
10. Break participants into dyads; tell them that they will take turns being “peer” and “client” and hand out the first set of role plays to each dyad. Tell participants that these are descriptions of the person – they should make up the conversation.
11. Tell participants that they will be giving feedback after this exercise and that they should try to find something to compliment as well as offering some advice or suggestions, if appropriate.
12. Tell participants to keep in mind the following effective communication techniques:
 - KISS (Keep it short and simple)
 - Slow down
 - Avoid medical jargon
 - Think about using pictures to explain concepts
 - Confirm understanding with the “teach-back” or “show me” technique
 - Ask open-ended questions
 - Encourage client to ask questions
13. Make sure to give very clear instructions. Give participants 10 minutes for the first role play.
14. At the end of 10 minutes, ask “clients” to take a few minutes to give feedback to their “peers” on how well they communicated health information. Then go around the room and ask for feedback from the various dyads.

For clients: What techniques did the peer use that helped you to understand the information?

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► TRAINING TIP

Remind participants that communication is 7% verbal, 38% tone, and 55% visual.

For peers: What techniques helped you to assure that the client understood the information? What were the challenges in communicating health information to this client?

15. Hand out the second set of role plays and have dyad members switch their roles.
16. Process the role plays as before.
17. Hand out Patient-Provider Communication Challenges and review with participants.

Summary

Wrap up session by asking participants what they learned about the way they communicate with clients and which techniques, if any, they plan on applying in the future.

* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

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SESSION HANDOUT #1 of 6

BAD ROLE PLAY

(Client enters peer's office)

Peer: Hi Tara, how are you doing?

Client: Hi, Bill. Well, I just filled my prescription at the pharmacy downstairs; this time I'm serious about taking all of my meds.

Peer: That's great. You know you need to take your regimen as prescribed by your PCP.

Client: The only thing is I get confused by how much medicine to take and which ones you have to take on any empty stomach and which ones you have to take with food.

Peer: Well, the instructions should be written on the bottle. Do you have any of your meds with you so we can check that?

Client: Yeah.

Peer: Well, check on one of the bottles to see what the instructions say.

Client: (Pulls out bottle and looks at it.) I didn't bring my glasses with me today, so I can't see it so well.

Peer: Let me see it – oh, yeah, it's right here. It says you need to take this one with food. If you follow the directions, exactly as they're written on the bottles, you should do OK.

Client: I'm really going to try to take them all every day – but does it really matter if I take it with or without food? I have a pretty strong stomach.

Peer: Yes, it really does make a difference. (Talking fast) It's all about pharmacokinetics. Your body absorbs and metabolizes different drugs in different ways and each has a different half-life -- if ARVs are not taken correctly, the metabolism of the drug can be accelerated, lowering bloodstream levels to below the threshold required to manage the virus. This can increase viral loads, prompting the onset of resistance. On the other hand, strict adherence to ART can suppress replication of the virus and reduce the viral load where it is undetectable in some patients.

So do you understand now why it's important to take the meds just as the PCP indicated?

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SESSION HANDOUT #1 of 6 (cont.)

BAD ROLE PLAY (CONT.)

Client: (Nods head yes.)

Peer: Great. So all your meds bottles have instructions on how they are to be taken. Follow those instructions strictly. For example, this one is 2 tab PO bid. And here is some more information on adherence.

(Hands him pamphlets). Did you have any more questions?

Client: (Looking confused) No.

Peer: OK, then, I'll see you next week.

Key Points for Processing – Bad Role Play

- Uses too much jargon
- Should KISS: Keep it Simple and Short
- Talks too fast
- Does not pick up on the possibility that client may have low health literacy when he claims not to be able to read the bottle instructions because he forgot his glasses (refer to “Low Health Literacy” overhead/flip chart)
- Relies only on written and verbal communication; doesn't use any visual aids to help client understand
- People learn in different ways. Is the client a verbal or visual learner or a combination of the two?
- Talks “at” the client; communication would be improved if he were to assess what client already knows and then fill in gaps
- Needs to explain “Why” not just “What”
- Asks close-ended questions: “Do you understand?”
- Should use the “teach back” approach to confirm understanding
- Asking patient to repeat information or instructions in his own words
- Provider can begin by saying, “I want to make sure I explained this clearly.”
- Gives provider a chance to correct any misunderstandings by saying, “You start and I'll fill in any missing details.”

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SESSION HANDOUT #2 of 6

GOOD ROLE PLAY

(Client enters peer's office)

Peer: Hi Tara, I'm your peer and I'm going to be working with you. How are you doing?

Client: Hi, Bill. Well, I just filled my prescription at the pharmacy downstairs; this time I'm serious about taking all of my meds.

Peer: That's great. We talked before about how you sometimes forgot to take your meds when you got real busy - what plan do you have to help you remember when things get crazy?

Client: Well, I'm going to use that pill box, like we talked about before. But I get confused about how much medicine to take and which ones you have to take on any empty stomach and which ones you have to take with food.

Peer: The different dosages and the way you have to take the medicines can be challenging for a lot of people and I'm glad you brought that up – it is something we can work on together. Did you bring the meds here with you today? We can look at the instructions on the bottle together to see how you are supposed to take each medicine.

Client: Yeah, I have them right here.

Peer: OK, let's look at this bottle of drug name – what do the instructions say?

Client: (Pulls out bottle and looks at it) I didn't bring my glasses with me today, so I can't see it so well.

Peer: You know, we have a system that's been pretty effective with other clients in helping them to manage their meds – it's called a sticker chart. Let's work with that today. (Pulls out sticker chart to show client).

Client: Yeah, that sounds good, but I don't really understand what difference it makes whether I take the meds with or without food. Maybe some other people get an upset stomach with the meds, but really I've got an iron gut.

Peer: There are actually some really important reasons why some meds should be taken with food and others on an empty stomach. But why don't you tell me what you understand about how these HIV drugs work to make you better?

Client: Umm, I guess they go into your body and fight the HIV – is that right? But I'm not exactly sure how.

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SESSION HANDOUT #2 of 6 (cont.)

GOOD ROLE PLAY (CONT.)

Peer: Yes, you are correct. HIV Medicines go into your blood to slow down the virus in your body. Some medicines work better if taken with food. Others are better on an empty stomach.

In our last session, we talked about how HIV spreads itself throughout the body by multiplying. HIV drugs do not kill the virus, they slow down the virus. Skipping doses is not good because each dose you skip allows the virus to increase in your bloodstream. The more HIV multiplies, the greater the chances are that the drugs will not work, and you may develop resistance.

Because I want to make sure that I explained this clearly, can you tell me, in your own words, why it is important to take the medicines exactly as the doctor prescribed them?

Client: It seems like you have to have enough of the drug in your blood in order to fight the virus. And some drugs get in the blood better if you have food in your stomach, but other drugs get in your system better if you have no food in your stomach. If you don't take the medicines right, you won't have enough of the drug in your body to kill HIV and you can develop resistance, which means that the drugs might not work for you and the HIV virus will grow and multiply.

Peer: Yes, you are right about how you are supposed to take the medicines and also that you can develop resistance if you don't take them as the doctor prescribed. The only thing that I wasn't clear enough about was that the drugs don't actually kill the HIV virus, but if taken correctly, they almost stop it from multiplying. Have you heard of a viral load test?

Client: Yeah.

Peer: Well, the viral load test measures the amount of virus in your blood. If you take anti-HIV drugs the way they're prescribed, the amount of virus in your blood should go down. If your viral load is very low, you probably won't develop any AIDS-related illnesses.

Now, can you tell me how the HIV drugs work on the HIV virus?

Client: They stop the virus from multiplying – almost anyway. And they bring the amount of virus in your blood down so you can be healthier.

Peer: Yes, exactly! Do you have any other questions about how the meds work to fight HIV?

Client: No, I think I pretty much get it.

Peer: OK, let's get back to that sticker chart I was talking about, so we can make sure you understand exactly how to take your meds...

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SESSION HANDOUT #2 of 6 (cont.)

GOOD ROLE PLAY (CONT.)

Key Points for Processing –Good Role Play

- Uses open-ended questions
- Addresses barriers to adherence and ways to overcome them
- Picks up on possibility of client's low health literacy
- Uses visual “sticker chart” to teach client; de-stigmatizes low health literacy issue by saying that chart has been “pretty effective with other clients...”
- Doesn't talk “at” client; asks what client knows, then fills in the blanks
- Uses teach-back method to confirm client understanding
- When client gets something wrong, peer says “I didn't explain clearly enough;” this technique reduces blame and puts the responsibility for comprehension on the provider
- Speaks in simple language, without jargon

PATIENT-PROVIDER COMMUNICATION CHALLENGES

- 40-80% of medical information is immediately forgotten
- Almost half is remembered incorrectly
- The more information given, the more forgotten
- Speaking information – 17% is retained
- Speaking and pictogram – 84% is retained

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SESSION HANDOUT #4 of 6

HEALTH LITERACY

What is health literacy?

- The ability to read, understand, and act on health information

How does low health literacy affects a patient's ability to participate in the health care system?

In the U.S.:

- 33% are unable to read basic health care materials
- 42% cannot understand directions for taking medication on an empty stomach
- 26% are not able to understand information on an appointment slip
- 43% do not understand the rights and responsibilities section of a Medicaid application
- 60% do not understand a standard informed consent

Patients with low health literacy are often ashamed to admit they have difficulty understanding information and instructions. To hide the problem, they may:

- Always bring someone with them to their appointments
- Say they forgot their glasses when asked to complete a form
- Watch and copy others' actions

In a recent study of health literacy among HIV positive patients, those with lower health literacy:

- Had lower CD4 cell counts
- Had higher viral loads
- Were less likely to be taking HIV medications
- Reported a greater number of hospitalizations
- Reported poorer health.

What can you do to improve patient understanding?

- Limit the amount of information provided at each visit
- Slow down
- Avoid medical or technical jargon
- Explain necessary terms
- Use pictures or models to explain important concepts
- Assure understanding with the “teach-back” or “show-me” technique
- Encourage patients to ask questions
- Read aloud to patient

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SESSION HANDOUT #5 of 6

JARGON-BUSTING WORKSHEET

Jargon	Everyday Language
Resistance	
ART	
CD4	
Viral Load	
Undetectable	
Regimen	
Adverse Reaction	
Immune System	
Antibodies	
Window Period	

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SESSION HANDOUT #6 of 6

ROLE PLAY #1

Peer: You are a peer educator in a hospital. You are in the middle of an educational session with Jim, a 40 year old man who was recently diagnosed with HIV but who does not have an AIDS diagnosis. Jim has just expressed to you that he believes the test he took shows he has AIDS. You educate him about the difference between HIV and AIDS.

Client: You are a 40 year old man who has just been diagnosed with HIV. You are seeing an HIV peer educator in the hospital and you think that your positive HIV test result means you have AIDS.

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SESSION HANDOUT #6 of 6 (cont.)

ROLE PLAY #2

Peer: You are a street outreach worker in HIV prevention. You are providing education to Mary, a 21 year old woman, about how HIV is spread.

Client: You are a 21 year old woman who thinks exposure to HIV can be avoided by not having sex with someone who looks sick. You have met a street outreach worker who is providing you with information about HIV transmission.