MAKING OUR WORDS UNDERSTANDABLE

MODULE OVERVIEW

Clear communication provides the foundation for the patient assessment procedures; yet, many people—even highly educated people—have trouble understanding words used in health care. In addition, health care terminology is filled with jargon—much of which can be difficult for patients to understand. This module explores strategies that dental health care providers can employ to help patients understand dental health information and advice.

MODULE OUTLINE

KEY TERM

Health literacy

OBJECTIVES

- Discuss how effective communication improves health outcomes.
- Discuss strategies for making health care words understandable to the patient.
- Develop improved clinical communication skills and the ability to role model those skills through simulated patient scenarios.

SECTION 1 • Roadblocks to Effective Communication

Medical and Dental Terminology

1. **Unfamiliar Words**
   a. **Health literacy** in dentistry is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate oral health decisions."[1–3]
   b. Limited health literacy is a potential barrier to the diagnosis, treatment, and prevention of oral disease.[2] Clear, accurate, and effective communication is an essential skill for effective dental practice.
   c. The American Dental Association (ADA) developed a strategic action plan to provide guidance to dental professionals, policy makers and others to improve health literacy. The plan, *Health Literacy in Dentistry Action Plan 2010-2015*, may be downloaded from the ADA's website in pdf format.

2. **Words in a New Context**
   a. Because health information can be complex and scientific, people often have difficulty reading and understanding written materials such as informational brochures about dental problems and treatments, medical history forms, consent forms, and directions on medication labels.
   b. In many cases, a word may be familiar, but the person may not understand it in a health care context.
      1) For example, "you have a 6-mm pocket around this molar tooth" might have no meaning to a patient. The patient might know what the words *deep* and *pocket* mean in everyday speech but have no idea what these words mean in terms of dental health.
      2) Even a patient who understands these dental terms may need more information than this sentence provides. He or she may need to know what constitutes normal bone support for the teeth.
   c. Box 2-1 provides suggestions for ways in which dental health care providers can improve communication with patients.

3. **Embarrassment.** Many patients, because they are embarrassed or intimidated, do not ask health care providers to explain difficult or complicated information. If patients do not understand treatment or self-care instructions, a crucial part of their dental care is missing, which may have an adverse effect on their dental health.

BOX 2-1   Best Practices for Promotion of Clear, Accurate Communication[1]

- Create an environment that is respectful and "shame-free," where patients are offered assistance to better understand and use printed and written communications.[4–6]
- Use clear and plain language in talking, writing, and printed education materials.[7–14]
- Encourage question asking by patients and dialogue between clinicians and patients.[15–19]
- Check for successful communication by asking patients to explain their interpretation of instructions and other information that has been provided.[20–25]
- Offer patient education materials designed for easy use with clear directions.[26–32]
- Periodically assess office/clinic for ways to improve communication.[33,34]

Reading Ability

Reading ability can present another roadblock to effective communication.

1. **Reading Ability Correlates to Health Status.** According to a report published in the *Journal of the American Medical Association*, the ability to read is a stronger indication of health status than other variables, including race, age, ethnic group, and educational level.[35,36]

2. **Reading at Eighth to Ninth Grade Level**
   a. One out of five American adults reads at the fifth grade level or below (Fig. 2-1).
   b. The average American reads at the 8th to 9th grade level, yet most health care materials are written about the 10th grade level.[37]
   c. Nearly 9 out of 10 U.S. adults have difficulty understanding and using everyday health information that is generally available in health care facilities.[38]
   d. Individuals with low health literacy are less likely to seek health care, comply with recommended treatment, and maintain self-care regimens.[1]

3. **Stigma of Illiteracy.** Patients often are embarrassed or ashamed to admit they have trouble understanding health information and instruction.
   a. There is a strong stigma attached to reading problems, and nearly all nonreaders or poor readers try to conceal the fact that they have trouble reading.[39]
   b. Many people with poor reading skills have developed coping skills that allow them to maneuver in the health care system with the least amount of embarrassment.
   c. Box 2-2 lists some clues that might indicate that the patient may need additional help with written material.

BOX 2-2   **Clues that a Patient May Have Reading Problems**

- Registration, health history, or other forms filled out incompletely or incorrectly
- Written materials handed to a relative or other person accompanying the patient
- "Can you help me fill out this form, I forgot my glasses?"
- "I will take this with me and read it at home."
- "I can't read this now; I forgot my glasses."

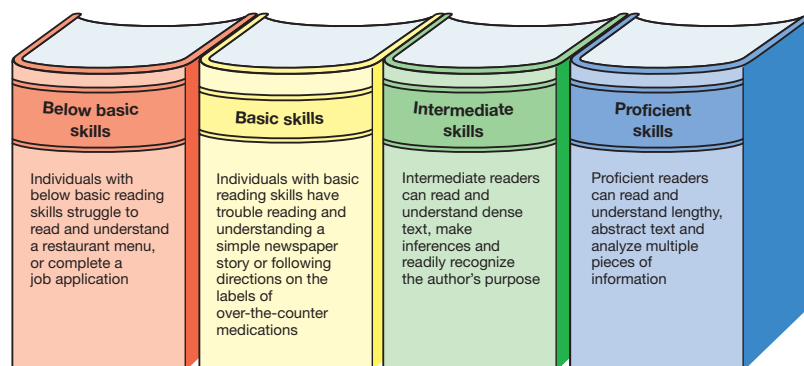| Below basic skills	Basic skills	Intermediate skills	Proficient skills
Individuals with below basic reading skills struggle to read and understand a restaurant menu, or complete a job application	Individuals with basic reading skills have trouble reading and understanding a simple newspaper story or following directions on the labels of over-the-counter medications	Intermediate readers can read and understand dense text, make inferences and readily recognize the author's purpose	Proficient readers can read and understand lengthy, abstract text and analyze multiple pieces of information

FIGURE 2-1   Reading ability. The ability to read is a strong indication of an individual's health status. Many individuals have below basic or basic reading skills that make it difficult to read and understand most health care materials.

SECTION 2 • Making Health Care Words Understandable

Words that May Confuse Dental Patients

Many people, even highly literate people, have trouble understanding words used in health care. In some instances, a word may be totally unfamiliar. In other cases, a word may be familiar, but the person may not understand it in a health care context.

- Words with a Latin or Greek prefix present special problems. The health science field is full of such words. Here is a small sampling: pre-op, post-op, prenatal, premature, unsweetened, decontaminate, antibacterial. For example, the risk factor for poor readers with diabetes is that they may recognize one part of the word, such as the sweetened in unsweetened, and then skip the "un." This kind of guessing can lead to the opposite behavior.
- *The National Patient Safety Foundation believes that three kinds of words cause much of the misunderstanding:*
  - *Medical words*
  - *Concept words*
  - *Value judgment words*
- Tables 2-1 to 2-3 provide examples of common words and phrases that may be confusing to patients and suggestions for common words and phrases that can make health care information more understandable. Table 2-4 provides examples of dental terminology that could be confusing to patients.

TABLE 2-1 "MEDICAL" WORDS TO WATCH

Problem Word	Consider Using
Ailment	Sickness, illness, problem with your health
Benign	Will not cause harm; is not cancer
Condition	How you feel; health problem
Dysfunction	Problem
Inhibitor	Treatment that stops something that is bad for you
Intermittent	Off and on, such as pain that comes and goes
Lesion	Wound; sore; infected patch of skin
Oral	By mouth
Procedure	Something done to treat your problem
Vertigo	Dizziness

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TABLE 2-2 "CONCEPT" WORDS TO WATCH

Problem Word	Consider Using
Active role	Taking part in
Avoid	Stay away from; do not use (or eat)
Collaborate	Work together
Factor	Other thing; thing involved in
Gauge	Measure; get a better idea of; test (dependent on the context)
Intake	What you eat or drink; what goes in your body
Option	Choice
Referral	Ask you to see another doctor; get a second opinion
Wellness	Good health; feeling good

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TABLE 2-3 "VALUE JUDGMENT" WORDS TO WATCH

Problem Word	Consider Using
Adequate	Enough (*Example: adequate water, 6–8 glasses a day*)
Adjust	Fine-tune; change
Cautiously	With care; slowly
Excessive	Too much (*Example: if blood soaks through the gauze later tonight*)
Increase gradually	Add to (*Example: increase the power level on the water irrigation device slightly over the next several weeks until it is on medium*)
Progressive	Gets worse (or better)
Routinely	Often (*Example: floss every day*)
Significantly	Enough to make a difference (*Example: quitting smoking greatly reduces your risk of lung cancer*)
Temporary	For a limited time (*Example: use the mouth rinse for 1 week*)

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TABLE 2-4 DENTAL TERMINOLOGY AND PHRASES TO WATCH

Problem Word	Consider Using
Alveolar bone	Bone around the teeth; bone that supports the teeth in the mouth
Bleeding on probing	Bleeding from the gum tissue
Biofilm	Layer of bacteria attached to the teeth
Calculus	Hard deposits; tartar
Clean your teeth	Dental hygiene services; dental hygiene therapies
Diagnosis	Cause of problem
Discomfort	Pain; soreness
Edema	Swelling; swollen
Generalized	Most areas; widespread
Gingiva	Gum tissue; tissue that surrounds the teeth
Gingivitis	Gum disease; infection of the gum tissues
Health status	How healthy
Indicated	Used for
Infection	A disease caused by germs
Inflammation	Swelling, redness, heat, and pain in an area; reaction to infection or injury
Informed	Told in a way that is clear to you
Informed consent	Deciding what is the best choice for you, know what you are choosing, have the best information before choosing
Interproximal	Between the teeth
Localized	Limited to a small area
Medical condition	Illness; disease; health problem
Medication	Medicine; drug
Motivated	To want to do something
Neglect	Lack of care; don't care for
Nonprescription (OTC)	Buy without a prescription; buy off the shelf
Normal range	Where it should be (*Example: blood pressure*)
Occlude	Bite your back teeth together
Periodontal pocket	Space between the tooth root and the gum tissue caused by loss of bone support from around the tooth
Periodontitis	Infection of the tissue and bone surrounding the teeth
Permanent	Lasting forever
Procedure	Something done to treat a problem
Progressive	Gets worse
Risk factor	Will increase your chance of getting
Side effect	Something caused by a medicine you take
Sulcus	Space normally found between the gum tissue and the tooth
Symptoms	Warning signs
Treatment plan	Treatment

OTC, over the counter.

SECTION 3 • Using the Internet to Improve Communication Skills

One effective mechanism for health care providers to improve communication skills is through information gathering on the Internet. Dental hygienists can search the Internet for information on medical conditions, medications, and communication techniques. Procedure 2-1 provides guidelines for conducting Internet searches.

Procedure 2-1. Procedure for Searching the Internet

EQUIPMENT:

Computer with Web browser software, a modem to connect to the Internet, and an active Internet connection

Steps	Purpose
1. Connect a computer to the Internet and open an Internet browser. Some of the most popular browsers are Internet Explorer, Safari, and Netscape.	The Internet browser is a software program used for searching and viewing various kinds of Internet resources such as information on a website.
2. Locate a search engine. Most browsers have a built-in search engine. Popular search engines include Google, Lycos, AltaVista, Yahoo, and Excite.	The Internet has millions of pages of information. Search engines help you sift through all those pages to find the information that you need.
3. Look at the search engine's Web page. Near the top of the page, you will see a white box with the word SEARCH next to it. Click the search box and type a word or phrase that describes what you are looking for. Next, (1) press the GO button next to the search box or (2) hit the Return key on your keyboard.	The words that you type in the search box are called "keywords." Keywords tell the search engine what to look for. For best results, it is important to choose the keywords carefully. Use one to three words that are as specific as possible.
4. View the results of your search. If you did not find what you are looking for, check spelling and retype or choose new keywords and try the search again.	If the keywords are misspelled or not specific enough, the search engine will not find the information that you need.
5. From the search results page, select an appropriate site and double click the address written in blue to open the website.	This allows you to view the information on the website.
6. If the website information is helpful, either download the information or bookmark the page. If you need additional information, return to the results page or conduct another search.	Downloading the information or bookmarking the website gives you access to it in the future.
7. Try to complete the search process within 10 or 15 minutes.	The ability to effectively search the Internet is a vital information-accessing tool for dental health care providers.

SECTION 4 ● **The Human Element**

Through the Eyes of a Student

SPEAKING IN PLAIN LANGUAGE

The first semester of school, I struggled to learn all the dental terminology. I had never worked in a dental office and I felt that I was falling behind the others in my class. Each day brought new words for me to understand and learn to pronounce—words like *armamentarium*, *line angle*, and *fossa*. The dental terminology was like a whole new language.

Then, overnight, I found myself speaking a "new language." I felt so proud of all the new words I had learned. I even told my parents that one of the actresses on their favorite television show has a diastema.

Soon I was in clinic, explaining things to my patients using my dental terminology. I thought that I was giving my patients a lot of very important information. That is, until Mrs. M. was my patient. On our first appointment, I told Mrs. M. all about how I would be scaling her teeth in sextants. I asked her if she understood this treatment plan and Mrs. M. gave me this big smile. She said, "I am sure that you are a very good dental hygienist, but my goodness, I have not understood one word you said in the past 10 minutes! If you want me to understand what you are saying you are going to have to talk in everyday English."

Well, Mrs. M. was so nice and had that big grin on her face and we both just stated to laugh. So, right then and there, I told Mrs. M. just to interrupt me every single time that I used a word that she did not understand.

Now, I never talk to a patient without thinking of Mrs. M. Of all the things that I have learned, I think that she taught me one of the most important things. Now, I talk with patients in everyday words.

Kim, student,
South Florida Community College

Researching Medical Conditions

USING THE INTERNET

Select a medical or oral disease/condition to research on the Internet. Try using www.google .com to search for information on the condition. Next, search for support groups or chat rooms that might be helpful for a patient who is experiencing the condition.

- How do you determine which Internet site provide reliable, correct information about the disease or condition? Which sites are simple opinion or a mechanism to sell a product?

- Which chat rooms or support groups are helpful to a patient? Which are not helpful? Why?

- Participate in a discussion about the benefits and dangers of information obtained from an Internet search.

SECTION 5 ● **Skill Check**

Skill Checklist: Communications Role-Play

Student: _____ Evaluator: _____

Date: _____

ROLES:
- **Student 1 =** Plays the role of the patient.
- **Student 2 =** Plays the role of the clinician.

DIRECTIONS FOR STUDENT: Use **Column S**; evaluate your skill level as **S** (satisfactory) or **U** (unsatisfactory).

DIRECTIONS FOR EVALUATOR: Use **Column E**. Indicate **S** (satisfactory) or **U** (unsatisfactory). In the optional grade percentage calculation, each **S** equals 1 point, each **U** equals 0 point.

CRITERIA:	S	E
Uses appropriate nonverbal behavior such as maintaining eye contact, sitting at the same level as the patient, nodding head when listening to patient, etc.		
Interacts with the patient as a peer and avoids a condescending approach. Collaborates with the patient and provides advice.		
Communicates using common, everyday words. Avoids dental terminology.		
Listens attentively to the patient's comments. Respects the patient's point of view.		
Listens attentively to the patient's questions. Encourages patient questions. Clarifies for understanding, when necessary.		
Answers the patient's questions fully and accurately.		
Checks for understanding by the patient. Clarifies information.		
OPTIONAL GRADE PERCENTAGE CALCULATION		
Using the **E** column, assign a point value of 1 for each **S** and 0 for each **U**. Total the sum of the "**S**"s and divide by the total points possible to calculate a percentage grade.		

NOTE TO COURSE INSTRUCTOR: A series of role-play scenarios for the modules in this textbook can be found at the Navigate 2 Advantage Access site.

References

1. American Dental Association Council on Access, Prevention and Interprofessional Relations. *Health Literacy in Dentistry Action Plan 2010-2015*. Chicago, IL: American Dental Association; 2009.
2. American Dental Association. *Transactions*. Chicago, IL: American Dental Association; 2006.
3. U.S. Department of Health and Human Services. *Healthy People 2010*. 2nd ed. Washington, DC: U.S. Department of Health and Human Services; 2000.
4. Weiss BD. *Health Literacy and Patient Safety: Help Patients Understand*. Chicago, IL: American Medical Association Foundation; 2007. http://nces.ed.gov/pubs2006/2006483.pdf. Accessed May 30, 2016.
5. Howard DH, Gazmararian J, Parker RM. The impact of low health literacy on the medical costs of Medicare managed care enrollees. *Am J Med*. 2005;118(4):371–377.
6. Parikh NS, Parker RM, Nurss JR, Baker DW, Williams MV. Shame and health literacy: the unspoken connection. *Patient Educ Couns*. 1996;27(1):33–39.
7. Center for Plain Language. What is plain language? http://centerforplainlanguage.org/about-plain-language-2/. Accessed May 30, 2016.
8. What is plain language? Improving communication from the federal government to the public. http://www.plainlanguage.gov/whatisPL/. Accessed May 30, 2016.
9. Doak CC, Doak LG, Root JH. *Teaching Patients with Low Literacy Skills*. 2nd ed. Philadelphia, PA: JB Lippincott Company; 1996.
10. Friedman DB, Hoffman-Goetz L. An exploratory study of older adults' comprehension of printed cancer information: is readability a key factor? *J Health Commun*. 2007;12(5):423–437.
11. Jefford M, Moore R. Improvement of informed consent and the quality of consent documents. *Lancet Oncol*. 2008;9(5):485–493.
12. Ridpath JR, Wiese CJ, Greene SM. Looking at research consent forms through a participant-centered lens: the PRISM readability toolkit. *Am J Health Promot*. 2009;23(6):371–375.
13. Safeer RS, Keenan J. Health literacy: the gap between physicians and patients. *Am Fam Physician*. 2005;72(3):463–468.
14. Stableford S, Mettger W. Plain language: a strategic response to the health literacy challenge. *J Public Health Policy*. 2007;28(1):71–93.
15. Agency for Healthcare Research and Quality. Questions to ask your doctor. Questions are the answer. http://www.ahrq.gov/questionsaretheanswer. Accessed May 30, 2016.
16. Mika VS, Wood PR, Weiss BD, Treviño L. Ask me 3: improving communication in a Hispanic pediatric outpatient practice. *Am J Health Behav*. 2007;31(suppl 1):S115–S121.
17. Norlin C, Sharp AL, Firth SD. Unanswered questions prompted during pediatric primary care visits. *Ambul Pediatr*. 2007;7(5):396–400.
18. Roter DL, Hall JA. Communication and adherence: moving from prediction to understanding [editorial]. *Med Care*. 2009;47(8):823–825.
19. Sleath B, Roter D, Chewning B, Svarstad B. Asking questions about medication: analysis of physician-patient interactions and physician perceptions. *Med Care*. 1999;37(11):1169–1173.
20. Baker DW. The meaning and the measure of health literacy. *J Gen Intern Med*. 2006;21(8):878–883.
21. Marcus EN. The silent epidemic—the health effects of illiteracy. *N Engl J Med*. 2006;355(4):339–341.
22. Parker RM, Ratzan SC, Lurie N. Health literacy: a policy challenge for advancing high-quality health care. *Health Aff (Millwood)*. 2003;22(4):147–153.
23. Rothman RL, DeWalt DA, Malone R, et al. Influence of patient literacy on the effectiveness of a primary care-based diabetes disease management program. *JAMA*. 2004;292(14):1711–1716.
24. Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication with diabetic patients who have low health literacy. *Arch Intern Med*. 2003;163(1):83–90.
25. Youmans SL, Schillinger D. Functional health literacy and medication use: the pharmacist's role. *Ann Pharmacother*. 2003;37(11):1726–1729.
26. Jacobson TA, Thomas DM, Morton FJ, Offutt G, Shevlin J, Ray S. Use of a low-literacy patient education tool to enhance pneumococcal vaccination rates. A randomized controlled trial. *JAMA*. 1999;282(7):646–650.
27. Korhonen T, Huttunen JK, Aro A, et al. A controlled trial on the effects of patient education in the treatment of insulin-dependent diabetes. *Diabetes Care*. 1983;6(3):256–261.

28. Kreuter MW, Strecher VJ, Glassman B. One size does not fit all: the case for tailoring print materials. *Ann Behav Med*. 1999;21(4):276–283.

29. McGuckin M, Taylor A, Martin V, Porten L, Salcido R. Evaluation of a patient education model for increasing hand hygiene compliance in an inpatient rehabilitation unit. *Am J Infect Control*. 2004;32(4):235–238.

30. McGuckin M, Waterman R, Porten L, et al. Patient education model for increasing handwashing compliance. *Am J Infect Control*. 1999;27(4):309–314.

31. Meade CD, McKinney WP, Barnas GP. Educating patients with limited literacy skills: the effectiveness of printed and videotaped materials about colon cancer. *Am J Public Health*. 1994;84(1):119–121.

32. Soltner C, Lassalle V, Galienne-Bouygues S, et al; for the Lifrea Group. Written information that relatives of adult intensive care unit patients would like to receive—a comparison to published recommendations and opinion of staff members. *Crit Care Med*. 2009;37(7):2197–2202.

33. Detmar SB, Muller MJ, Wever LD, Schornagel JH, Aaronson NK. The patient-physician relationship. Patient-physician communication during outpatient palliative treatment visits: an observational study. *JAMA*. 2001;285(10):1351–1357.

34. Fitzpatrick LA, Melnikas AJ, Weathers M, Kachnowski SW. Understanding communication capacity. Communication patterns and ICT usage in clinical settings. *J Healthc Inf Manag*. 2008;22(3):34–41.

35. Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, American Medical Association. Health literacy: report of the Council on Scientific Affairs. *JAMA*. 1999;281(6):552–557.

36. Nielsen-Bohlman L, Panzer AM, Kindig DA. *Health Literacy: A Prescription to End Confusion*. Washington, DC: National Academies Press; 2004.

37. Kirsch IS. *Adult Literacy in America: A First Look at the Results of the National Adult Literacy Survey*. 2nd ed. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement; 1993.

38. Kutner MA. *The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy*. Washington, DC: U.S. Department of Education, National Center for Education Statistics; 2006. http://nces.ed.gov/pubs2006/2006483.pdf. Accessed May 30, 2016.

39. Center for Health Care Strategies. What is health literacy? http://www.chcs.org/media/CHCS_Health _Literacy_Fact_Sheets_2013.pdf. Accessed May 30, 2016.