



Module 3: Communication

Module Goal/Aim

The goals of this module are to provide several solutions to overcome communication barriers that can get in the way of good health care. To that end, participants will learn methods to working with qualified medical interpreters and the roles of health literacy, health numeracy, and teach-back in the shared decision-making process. In addition, participants will receive a brief introduction to cultural awareness.

Module Learning Objectives

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

- List some communication barriers, and describe how decision aids can enhance communication
- List effective strategies when working with qualified medical interpreters, and describe the challenges in using unqualified interpreters
- Explain the impact of limited health literacy on patient understanding
- Describe effective universal health literacy strategies to use when presenting decision aids to your patients
- Describe techniques to better communicate health numbers
- Identify the steps of the teach-back technique
- Explain the influence of cultural factors on patients' health beliefs, behaviors, and responses to medical issues

Timing

This module will take 90 minutes to present (**NOTE TO INSTRUCTOR:** Specific breakdown of times allotted for discussion/activity will appear within the module).

Learning Methodology Checklist

- Large group work
- Video on the teach-back technique with group discussion
- PowerPoint slide presentation

Materials Checklist

- LCD projector and laptop
- Internet access in the room where training is taking place; this is required to play the video on the teach-back technique.
- Flip chart (with tape or sticky band) or a whiteboard
- Markers
- Module 3 Participant Guide – one per participant (see details below under Instructor Preparation)


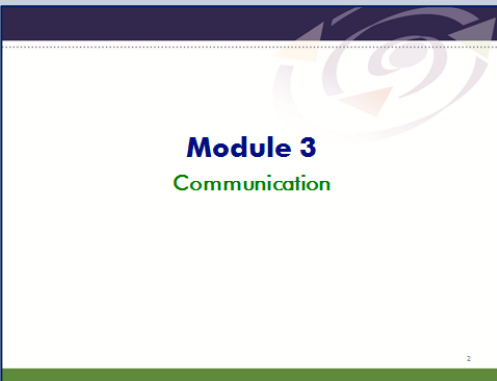
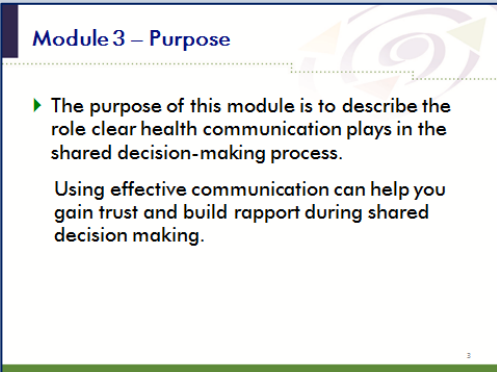
Instructor Preparation

2 weeks before training

- Photocopy Module 3 materials and assemble into Module 3 Participant Guide workbooks for each participant. Include:
 - Module 3 PowerPoint slide set (3 slides per page)
 - Tool 3: Overcoming Communication Barriers With Your Patients: A Reference Guide for Health Care Providers**
 - Tool 4: Health Literacy and Shared Decision Making: A Reference Guide for Health Care Providers**
 - Tool 5: Communicating Numbers to Your Patients: A Reference Guide for Health Care Providers**
 - Tool 6: Using the Teach-Back Technique: A Reference Guide for Health Care Providers**
 - Tool 7: Taking Steps Toward Cultural Competence: A Fact Sheet**

On the day of training

- Have the SHARE Approach screen saver showing on your computer to share with participants as they come into the classroom.
- Have the **Module 3: Communication** PowerPoint file open and minimized on the computer.
- Have the Video on the teach-back technique – “Daily Weight Monitoring” link (https://www.youtube.com/watch?v=Vo9Q_EfBX8) open and minimized on the computer.

<p>Module 3 INTRODUCTION (3 minutes)</p>	
<p>Slide 1</p> 	<p>DO: Open PowerPoint called, Module 3: Communication.</p>
<p>Slide 2</p> 	<p>SAY: Module 3 is titled, “Communication.”</p>
<p>Slide 3</p> 	<p>SAY: This module addresses the role clear health communication plays in the shared decision-making process.</p> <p>Using effective communication techniques—along with offering your patients accurate evidence-based educational materials—can help you gain trust and build rapport during shared decision making.</p>

Slide 4

Module 3 – Learning objectives

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

- ▶ List communication barriers that get in the way, and describe how decision aids can enhance communication.
- ▶ List effective strategies when working with qualified medical interpreters, and describe the challenges in using unqualified interpreters.

SAY: In the next 90 minutes, we'll discuss common communication barriers and solutions. We will also do a group exercise about working with qualified medical interpreters.

Slide 5

Module 3 – Learning objectives

- ▶ Explain the impact of limited health literacy on patient understanding.
- ▶ Describe effective universal health literacy strategies to use when presenting decision aids to your patients.
- ▶ Describe techniques to better communicate health numbers.
- ▶ Identify the steps of the teach-back technique.
- ▶ Explain that cultural factors influence our patients' health beliefs, behaviors, and responses to medical issues.

SAY: You will get an overview of **health literacy**.

Next, you'll learn about health numeracy and communicating numbers in a meaningful and understandable way for your patients.

You will see a short video on the teach-back technique. Using teach-back is helpful during shared decision making to help you check for patient understanding.

Finally, we will briefly talk about how cultural factors influence our patients' health beliefs, behaviors, and responses to medical issues.

Slide 6



SAY: AHRQ has five tools available to help you enhance communication skills: Tools 3, 4, 5, 6, and 7. We will highlight key components of each tool during Module 3. Pull the tools out now and again after the course for quick reference.

DO: Hold up the Tools.

SAY: We realize this is a lot of ground to cover in an hour and a half. Our goal today is to offer you basic background information and provide “how to” techniques to apply when you get back to your job.

**INTRODUCE
COMMUNICATIONS BARRIERS
AND SOME SOLUTIONS
(20 minutes)**

Slide 7



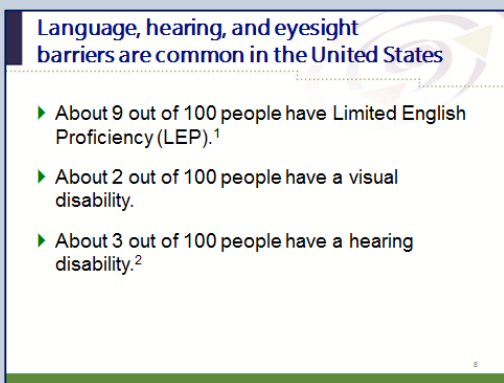
DO: Pass out Tool 3.

SAY: Let's begin by talking about what can happen when there are communication barriers between patients and providers.

We will be referring to **Tool 3, Overcoming Communication Barriers With Your Patients.**

This reference guide offers background information on solutions to help you work with patients who have sight, hearing, and English language challenges.

Slide 8

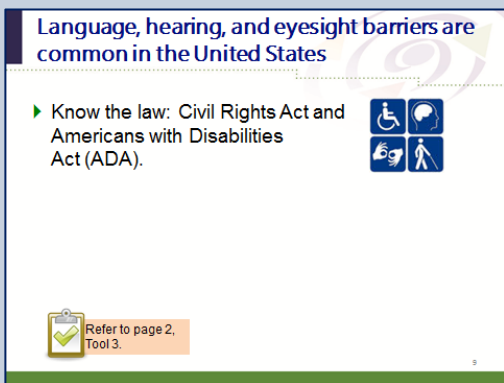


SAY: We know that language, hearing, and eyesight barriers are common in the United States.

Approximately 9 out of 100 people have limited English proficiency, called LEP for short.

About 2 out of 100 people have a visual disability, and 3 out of 100 people have a hearing disability.

Slide 9



SAY: Page 2 of Tool 3 lists the Civil Rights Act and Americans with Disabilities Act, or ADA for short. You may want to take time after today's class to familiarize yourself with these laws, which outline what you are required to provide to support patients with disabilities.

Slide 10



SAY: Using effective decision aids can enhance communication with patients who have limited English proficiency or problems hearing or seeing.

Slide 11

 **Have you tried these decision aids?**

- ▶ Culturally appropriate, translated decision aids
- ▶ Translated materials written in plain language
- ▶ Pictures or hand-drawn pictures to explain a procedure
- ▶ Models
- ▶ Videos with captions
- ▶ Audio recordings


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DO: Read the list below. Ask participants to raise their hand when you mention a decision aid they have used with patients.

ASK: When offering decision aids, how many of you have:

- Offered patients culturally appropriate, translated decision aids?
- Given patients translated materials written in plain language?
- Showed pictures or made drawings to explain a procedure to people with LEP?
- Used models?
- Showed videos with captions?
- Used audio recordings for people with visual barriers?

Slide 12

 **How about any of these?**

- ▶ Web sites with audio
- ▶ TTY or text telephone
- ▶ Screen reader software apps
- ▶ Others

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SAY: How about any of these?

- Directed patients to a Web site with audio?
- Used a TTY or text telephone for patients who are deaf or have trouble hearing?
- Used a screen reader software or app?
- Used others, such as programs that “re-present” information such as braille output?

Slide 13

Using decision and communication aids

- ▶ Decision aids can help bridge communication gaps.



DO: Assess responses based on the show of hands. In the following, say “some” or “many” people, based on show of hands.

SAY: It looks like [some, many] people are finding that decision aids can help bridge communication gaps. That’s great.

Slide 14

AHRQ Decision Aids

- ▶ Consider sharing AHRQ consumer summaries and the interactive tools with patients.



Refer to page 7, Tool 3

SAY: As we discussed in Module 2, AHRQ provides many interactive decision aids and consumer summaries. Many are available in both English and Spanish. You can refer to page 7 in Tool 3 to learn more about them.

Slide 15

Qualified medical interpreters can be:

- ▶ Certified freelance interpreters for language and American Sign Language (ASL)
- ▶ Employees from language agencies
- ▶ Trained bilingual clinicians and staff
- ▶ Community-based medical interpreters³



Refer to page 4, Tool 3.

SAY: Now let’s talk about working with QUALIFIED medical interpreters. When your patients get information in a way they can understand, they can more readily engage in effective shared decision making.

Qualified medical interpreters can be:

- Certified freelance interpreters
- Employees from language agencies
- Trained bilingual clinicians and staff
- Community-based medical interpreters from local colleges, faith-based organizations, social services programs, and migrant health clinics

Slide 16

Off-site interpreters can include:

- ▶ Over-the-phone interpreters
- ▶ Videoconferencing



Refer to page 5, Tool 3

SAY: Off-site interpreters can include:

- Over-the-phone interpreters
- Videoconferencing, which allows you to observe the patient's body language

Slide 17

Checklist for working with qualified medical interpreters

- ▶ Prepare before the visit.
 - Gather your decision aids.
 - Make sure they match the needs of your patients.
 - Consider using materials in Spanish for your Latino patients.
 - Use videos with captions with patients who are deaf or who have hearing difficulties.

Refer to page 5, Tool 3

SAY: Let's turn to page 5 in Tool 3. This checklist can help you prepare for working with a medical interpreter before and during your patient's office visit.

Before the visit:

- It is a good idea to gather your decision aids.
- Make sure they match the needs of your patient. Consider using materials in Spanish for your Latino patients.
- Perhaps make videos with captions available for patients who are deaf or who have hearing difficulties.


Slide 18

Checklist for working with qualified medical interpreters

- ▶ Take these steps during the visit:
 - Make sure everyone in the room can see each other.
 - Make sure your patient knows the interpreter's name and what the interpreter will do.
 - Let your patient know that the interpreter will not share any of the information discussed.
 - Make sure your patient is making the health care decisions and not deferring to the interpreter to make choices for them – ask!
 - Check for understanding via teach-back.

SAY: During the visit:

- Make sure everyone in the room can see each other.
- Make sure your patient knows the interpreter's name and what the interpreter will do.
- Let your patient know that the interpreter will not share any of the information discussed.
- Make sure your patient is making the health care decisions and not deferring to the interpreter to make choices for them—ask!
- And finally, checkbox five encourages you to

	<p>check for understanding.</p> <p>We will be going over the teach-back technique a bit later in this module.</p> <p>Pull out this checklist now and again so you can be prepared for the interpreter’s visit.</p>
<p>Slide 19</p> <div data-bbox="207 533 708 909"> <p>Unqualified interpreters</p> <ul style="list-style-type: none"> ▶ Using unqualified medical interpreters is more likely to result in misunderstandings and medical errors. ▶ Having a family member, minor child, friend, or unqualified staff member interpret is not advisable.⁴ </div>	<p>SAY: We understand it is not always financially possible to secure a qualified medical interpreter. Yet, there are some caveats when working with unqualified interpreters.</p> <p>Using unqualified medical interpreters can result in misunderstandings and medical errors.</p> <p>Having a family member, minor child, friend, or unqualified staff member interpret is not advisable.</p>
<p>GROUP EXERCISE</p>	
<p>Slide 20</p> <div data-bbox="207 1073 708 1446"> <p>Group discussion</p> <p>What are some possible challenges when using <u>unqualified</u> medical interpreters?</p> <p>What can go wrong?</p>  </div>	<p>ASK: What are some possible challenges when using <u>unqualified</u> medical interpreters?</p> <p>What can go wrong?</p> <p>DO: Write responses on a flip chart or white board.</p> <p><u>Possible responses</u> can include:</p> <ul style="list-style-type: none"> • They may be unfamiliar with technical or scientific language. • They may inadvertently commit interpretive errors. • They may editorialize your patient’s responses (for example, they may not list herbs or folk medicines the patient is taking). • When a family member interprets, the person may impose personal views of your patient’s health, and this may also pose a problem with your patient’s privacy.

Slide 21

Unqualified interpreters

- ▶ May be unfamiliar with technical or scientific language
- ▶ Inadvertently commit interpretive errors
- ▶ May editorialize your patient's responses
- ▶ Impose personal view of your patient's health, and this may also pose a problem with your patient's privacy

DO: Show slide 21 after group discussion.

Summarize any of the listed options that were not mentioned during the group discussion.

Slide 22

Case study: Mrs. Morales and Jorge

- ▶ This case was adapted from the culture diversity Web site at culturediversity.org, a nonprofit organization dedicated to increasing awareness to the issues of transcultural nursing, promoting cultural diversity in nursing, and proposing solutions when problems of bias or conflict arise.

SAY: I am going to share a case study with you in which a relative serves as the interpreter. This case was adapted from the culture diversity Web site at culturediversity.org, a nonprofit organization dedicated to increasing awareness to the issues of transcultural nursing to promote cultural diversity in nursing and propose solutions when problems of bias or conflict arise.

Slide 23

Case study: Mrs. Morales and Jorge

- ▶ Alma Morales (age 37)
- ▶ Her son, Jorge Morales (age 19 acting as his mother's interpreter)
- ▶ Jorge is not trained as an interpreter.
- ▶ Mrs. Morales needs to sign a medical consent before surgery can be performed.

READ: A Hispanic woman, Alma Morales, age 37, had to sign an informed consent form for a hysterectomy. The patient spoke no English, and the hospital staff relied on her 19-year-old bilingual son, Jorge, to serve as the interpreter.

Slide 24

Case study: Mrs. Morales and Jorge

- ▶ When Jorge explained the procedure to his mother, he appeared to be translating accurately and indicating the proper body parts.
- ▶ Mrs. Morales signed the consent form willingly. The next day, however, she learned that her uterus had been removed.
- ▶ Because it can be considered inappropriate for a Hispanic male to discuss a woman's private parts, the embarrassed son had explained to his mother that a tumor would be removed from her abdomen and pointed to the general area.
- ▶ As Mrs. Morales could no longer bear children, she became very angry and threatened to sue the hospital.

READ: When Jorge explained the procedure to his mother, he appeared to be translating accurately and indicating the proper body parts.

Mrs. Morales signed the consent form willingly. The next day, however, she learned that her uterus had been removed.

Because it can be considered inappropriate for a Hispanic male to discuss a woman's private parts, the embarrassed son had explained to his mother that a tumor would be removed from her abdomen and pointed to the general area.

As Mrs. Morales could no longer bear children, she became very angry and threatened to sue the hospital.

GROUP EXERCISE

Slide 25

Group discussion



What can we learn from this case study?

ASK: What can we learn from this case study?

Slide 26

Case study: Mrs. Morales and Jorge

- ▶ Speaking the same language is not always sufficient.
- ▶ In general, it is best to use a same-sex interpreter when translating matters of a sexual or private nature.
- ▶ Using family members may not be advisable because they may editorialize.
- ▶ Cultural rules often dictate topics that can be discussed.



More about culture when we introduce Tool 7: Taking Steps Toward Cultural Competence a little later in this module.

DO: Show slide 26 after group discussion.

Write on white board and record responses.

Answers can include:

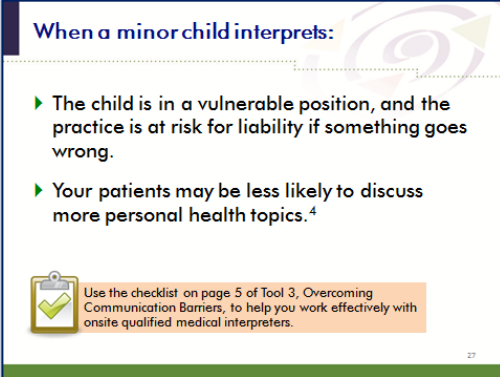
- Speaking the same language is not always sufficient.
- In general, it is best to use a same-sex interpreter when translating matters of a sexual or private nature.
- Using family members may not be advisable

because they may editorialize.

- Cultural rules often dictate topics that can be discussed.

SAY: We will be discussing more about culture when we introduce **Tool 7, Taking Steps Toward Cultural Competence** a little later in this module.

Slide 27



When a minor child interprets:

- ▶ The child is in a vulnerable position, and the practice is at risk for liability if something goes wrong.
- ▶ Your patients may be less likely to discuss more personal health topics.⁴

Use the checklist on page 5 of Tool 3, Overcoming Communication Barriers, to help you work effectively with onsite qualified medical interpreters.

SAY: Jorge is 19 years old, so he is not a minor. Now, let's look at what can happen when using minor children as interpreters.

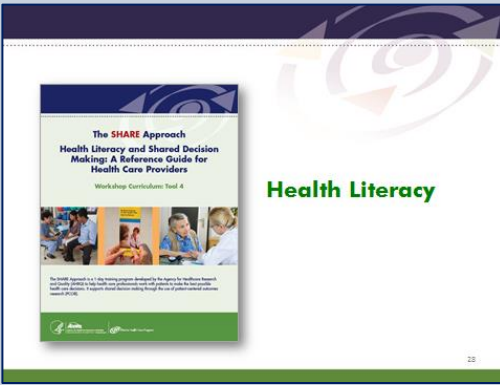
When a minor child interprets:

- The child is in a vulnerable position, and your practice is at risk for liability if something goes wrong.
- Your patients may be less likely to discuss more personal health topics.

When possible, using qualified medical interpreters is optimal. As mentioned earlier, use the checklist on page 5 of **Tool 3, Overcoming Communication Barriers**, to help you work effectively with onsite qualified medical interpreters.

INTRODUCE HEALTH LITERACY (15 minutes)

Slide 28



The SHARE Approach
Health Literacy and Shared Decision Making: A Reference Guide for Health Care Providers
Workshop Contribution Tool 4
Health Literacy

DO: Hand out Tool 4, or remind people it is in their notebooks.

SAY: Our second communication topic area is health literacy. We'll be referring to **Tool 4, Health Literacy and Shared Decision Making**.

Slide 29

Health literacy defined

- ▶ Health literacy is the degree that people can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.
 - Health literacy goes beyond the individual. It is a two-way street between patients (caregivers and family members) and their health provider.

SAY: Health literacy is the degree to which people can obtain, process, and understand the basic health information and services they need to make appropriate health decisions.

Yet, health literacy goes well beyond the individual. It is two-way street between patients (caregivers and family members) and their health providers.

Slide 30

2003 National Assessment of Adult Literacy Survey (NAALS) revealed

- ▶ Only 12% of U.S. adults (age 16 and older) have proficient reading skills.⁵



SAY: Here's a bit of background information. The 2003 National Assessment of Adult Literacy Survey (NAALS for short) reveals that only 12 percent of U.S. adults (age 16 and older) have proficient reading skills.

Slide 31

Impact of limited literacy

- ▶ Approximately 36 percent of the adult U.S. population lack adequate literacy skills—basic or below basic levels.⁵
- ▶ Limited literacy affects people of all ages, races, incomes, and education levels.

SAY: Approximately 36 percent of the adult U.S. population lack adequate literacy skills—basic or below basic levels.

Limited health literacy affects people of all ages, races, incomes, and education levels.

Slide 32

Impact of limited literacy

- ▶ The impact of limited health literacy disproportionately affects lower socioeconomic and minority groups.⁵



SAY: Yet the impact of limited health literacy disproportionately affects lower socioeconomic and minority groups.

Slide 33

Even skilled readers can find medical information challenging

- ▶ Nearly 9 out of 10 adults lack full literacy, and they have difficulty using the everyday health information.⁶⁻⁸



SAY: However, even very skilled readers can have challenges complying with medical regimens.

Nearly 9 out of 10 adults lack full literacy and have difficulty using the everyday health information that is routinely available in health care facilities, retail outlets, media, and communities.

Slide 34

Impacts of limited health literacy

- ▶ Limited health literacy:
 - Affects people's ability to search for and use health information, adopt healthy behaviors, and act on important health alerts.
 - Is associated with worse health outcomes.

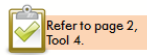
SAY: Limited health literacy affects people's ability to search for and use health information, adopt healthy behaviors, and act on important public health alerts.

It is also associated with worse health outcomes and higher costs.

Slide 35

People with limited healthy literacy are more likely to:⁸⁻⁹

- ▶ Skip needed tests.
- ▶ Underuse preventive health care and screenings.
- ▶ Have more difficulty finding providers and services and fill out complex forms and health histories.
- ▶ Have more difficulty understanding health numbers, risks, and probability.



SAY: People with limited health literacy are also more likely to skip needed tests and underuse preventive health care and screenings.

This makes it hard to find providers and services and to fill out forms and health histories.

As we will discuss soon, health numbers are especially difficult to understand for those who have limited health literacy.

Slide 36

People with limited health literacy are also more likely to:⁸⁻⁹

- ▶ Be hospitalized or visit the emergency room
- ▶ Seek treatment at later stages in illness, not getting health screenings
- ▶ Have difficulty complying with treatment plan
- ▶ Have trouble filling out complex forms
- ▶ Have difficulty managing a chronic illness



SAY: Now let's turn to page 2, Tool 4, which addresses health literacy.

While even seasoned readers are impacted by the demands and challenges of the health care system, people with limited health literacy are more likely to:

- Be hospitalized or visit the emergency room
- Seek treatment at later stages in illness or not get health screenings
- Have difficulty complying with treatment plan
- Have trouble filling out complex forms
- Have difficulty managing a chronic illness

GROUP EXERCISE

Slide 37

Skills needed to manage a chronic health condition can be daunting



How can managing diabetes be difficult for someone with limited health literacy?

What skills are needed?



ASK: Let's talk about managing a chronic illness. How can managing diabetes be difficult for someone with limited health literacy? What skills are needed?

DO: Write on a flip chart or white board the skills necessary to manage this chronic health problem.

Possible answers may include (instructor can add some of these to the list generated by participants):

- Read a glucose monitor
- Track blood sugar levels
- Follow a medicine regimen
- Inject insulin, and know when to do it
- Follow healthy meal plan
- Know what to do for episodes of low AND high blood sugar
- Cope with comorbid conditions, such as high blood pressure
- Make lifestyle changes
- Conduct foot checks the correct way

SAY: These tasks we just listed in coping with a chronic health condition can be daunting for skilled readers; they can be especially difficult for someone with limited health literacy.

You can't tell by looking who has limited health literacy. That is why we suggest using universal strategies with ALL your patients during the shared decision-making process.

Slide 38

Strategies when presenting decision aids

- ▶ Use universal health literacy techniques.
- ▶ Use the Patient Education Materials Assessment Tool (PEMAT) to ensure your materials are understandable and actionable.*
- ▶ Speak slowly and show empathy.
- ▶ Avoid medical jargon; use plain language.
- ▶ Present in a way your patients understand.
- ▶ Use teach-back. (Tool 6)

*Refer to page 3, Tool 4 for link to PEMAT.

SAY: These include:

- Making sure decision aids are understandable and actionable. There is a tool, called the Patient Education Materials Assessment Tool (PEMAT for short), that can help you assess the tools you are already using. You can find the link on page 3 of the Health Literacy Tool, or Tool 4.
- Speak slowly and in a caring voice.
- Use plain language, and avoid medical jargon.
- Make sure you present the information in a way your patients understand.
- Use the teach-back technique to ensure understanding. We will discuss this technique a bit later on in this module.

Slide 39

Takeaways from Health Literacy Section

- ▶ More than 1/3 of adults in the United States are impacted by limited health literacy.⁵
- ▶ Even good readers have trouble navigating the health care system when they are sick, scared, or in pain.
- ▶ Use universal precautions (speak slowly, avoid jargon, check for understanding, and offer easy-to-understand decision aids).

SAY: Before we move on to health numbers, let's review key takeaways from health literacy.

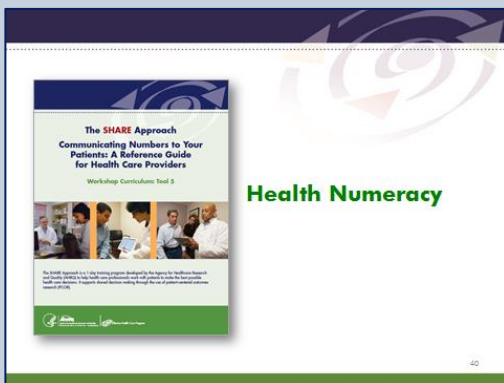
More than one third of adults in the United States are impacted by limited health literacy.

Even good readers have trouble navigating the health care system when they are sick, scared, or in pain.

Use universal precautions (speak slowly, avoid jargon, check for understanding, and offer easy-to-understand decision aids when participating in shared decision making).

**INTRODUCE HEALTH
NUMERACY
(15 minutes)**

Slide 40



DO: Pass out **Tool 5, Communicating Numbers to Your Patients: A Reference Guide for Health Care Providers.**

SAY: Our next section is on health numeracy.

Slide 41

Health numeracy

- ▶ The ability to use numeric information in the context of health
- ▶ A two-way street with individuals bringing their skills with health numbers and the provider offering easier-to-understand explanations

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SAY: Health numeracy is defined as the ability to use numeric information in the context of health.

Like health literacy, conveying health numbers is a two-way street with individuals bringing their skills with health numbers and the provider offering easier-to-understand explanations.

Slide 42

Health numbers are difficult for many

- ▶ Limited numeracy can impact shared decision making.
- ▶ Studies show that even college grads have difficulty with health numbers.
- ▶ Best to use universal precautions with all your patients when conveying health numbers.
- ▶ Like limited health literacy, low health numeracy can result in poor health outcomes. Patients are less likely to make choices and take actions to stay well.

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SAY: Limited numeracy can impair the ability to communicate and understand health information and participate in shared decision making.

Understanding numbers can be difficult. People with college degrees have trouble using and making sense of numbers, so use universal precautions with ALL your patients, not just those you think have limited health literacy.

Like limited health literacy, low health numeracy (or understanding health numbers) is associated with poor health outcomes because patients may be less likely to make the choices and take the actions they need to stay well.

GROUP ACTIVITY

Slide 43

 When do patients need to use and understand health numbers?



SAY: Numbers are prevalent in health care.

ASK: What are some examples in which patients may need to understand health numbers?

DO: Write on a flip chart or white board. Share slides 43 and 44 with group AFTER the group discussion.

Slide 44

Patients need to understand numbers when:

- ▶ Choosing treatments—weighing risks and benefits
- ▶ Doses are dependent on measurement (i.e., weight, blood sugar)
- ▶ Trying to follow medication instructions and take as prescribed
- ▶ Using measurement devices, and recording and tracking results (blood glucose, peak flow meters, etc.)
- ▶ Using multiple devices (pills, injection, inhaler, liquid, nasal, eye drops, lotions, etc.)

SAY: Good responses! Let's go over two review slides, which highlight times when patients need to understand numbers. These include when:

- Choosing treatments—weighing risks and benefits
- Doses are dependent on measurement (i.e., weight, blood sugar)
- Trying to follow medication instructions and taking as prescribed
- Using measurement devices, and recording and tracking results (blood glucose, peak flow meters, etc.)
- Using multiple devices (pills, injection, inhaler, liquid, nasal, eye drops, lotions, etc.)

Slide 45

Patients need to understand numbers when:

- ▶ Following discharge instructions (take 25 milligrams of a medicine, when each pill is only 5 milligrams)
- ▶ Comparing prescription drug coverage plans
- ▶ Calculating premiums, co-pays, and deductibles
- ▶ Trying to discern percentages and proportions
- ▶ Reading appointment slips

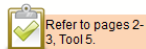
SAY: This can also include when:

- Following discharge instructions (take 25 milligrams of a medicine, when each pill is only 5 milligrams)
- Comparing prescription drug coverage plans
- Calculating premiums, co-pays, and deductibles
- Trying to discern percentages and proportions
- Reading appointment slips

Slide 46

Ways you can use numbers clearly and make them meaningful to your patients and their families

- ▶ **Tool 5, Communicating Numbers** offers you practical tips, techniques, and strategies.
- ▶ Let's take turns reading the six tips.



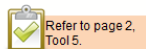
SAY: Let's explore ways you can use numbers clearly and make them meaningful for your patients and their families during shared decision making.

Pages 2 and 3 of **Tool 5, Communicating Numbers**, offer you practical tips, techniques, and strategies. Let's go over them now. Let's take turns reading the six tips on page 2.

Slide 47

Present numbers in a way your patients can understand – *Read aloud*

- ▶ Elaborate by providing estimated numbers.
- ▶ Use frequencies instead of decimals or percentages.
- ▶ Keep denominators and timeframes about the same when you compare numbers.



ASK: Could I get some volunteers to take a turn reading? [Participants will take turns reading.]

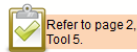
Class members read:

- 1. Elaborate by providing estimated numbers.** Instead of "low risk," say 1 out of 100 people who have this stent.
- 2. Use frequencies instead of decimals or percentages.** Say "13 out of 100" instead of ".13 or 13 percent."
- 3. Keep denominators and timeframes about the same when you compare numbers.** For example, say "about 6 out of 10 women like you, who do not take this medicine, will break a bone in the next 10 years. About 3 out of 10 women like you who take this medicine will break a bone in the next 10 years. Taking the medicine can lower your chance of breaking a bone by about half."

Slide 48

Present numbers in a way your patients can understand – *Read aloud*

- ▶ Give absolute risk instead of relative risk.
- ▶ Frame outcomes in both positive and negative terms.
- ▶ Find out your patient's preferred measurement system.¹⁰⁻¹⁴



4. Give absolute risk instead of relative risk.

Absolute risk estimates the number of health events among individuals in a group, and it gives a better sense of personal or individual risk. For example, say, “3 out of 1,000 nonsmokers may have a stroke in their lifetime, and 6 out of 1,000 smokers may have a stroke in their lifetime,” instead of “smokers have 2 times the risk of having a stroke in their lifetime.”

5. Frame outcomes in both positive and negative terms.

For example, say, “With this treatment, 2 out of 10 people get side effects, and 8 out of 10 people do not.”

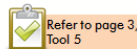
6. Find out which measurement system your patient uses: standard or metric.

For example, say, “Would you like me to explain using ounces or grams?”

Slide 49

Strategies to maximize understanding of health numbers

- ▶ Use only when needed. For example, when precision is needed (risks, benefits, healthy blood sugars, dosing).
- ▶ Use everyday words (about ½ instead of 49%).
- ▶ Use visual aids (icon arrays, pie graphs, line graphs, bar graphs for risks in context).



SAY: Using these six tips can help you convey health numbers with your patients. Some additional strategies listed on page 3 of Tool 5 include:

Limiting the use of numbers. Use numbers only when precision is needed, such as for risk and benefits statistics, healthy blood sugar numbers, and dosing instructions.

Also using everyday words, such as “about half” instead of “49 percent.” This can maximize patient understanding.

Using visual aids, such as icon arrays, pie graphs, line graphs, and bar graphs with text, can help patients see the risks in context.

Slide 50

Health numeracy reviewed

- ▶ Remember, conveying health numbers can be challenging.
 - Refer to Tool 5 as needed.
 - Practice this skill as you work to convey numbers in a way your patients can understand.

SAY: In review, numbers in health can be difficult to convey. Even college-educated patients have difficulty with health numbers. It is a good idea to review **Tool 5, Communicating Numbers** when you want hints about communicating numbers to your patients.

This is one skill that may take practice as you work to convey numbers in an easier-to-understand way for your patients.

INTRODUCE THE TEACH-BACK TECHNIQUE (20 minutes)

Slide 51



SAY: Let's move on to the teach-back technique. We'll be using **Tool 6, Using the Teach-Back Technique**.

Slide 52

The teach-back technique

- ▶ Patients use their own words to explain what they need to know about their health or what to do to get better.
- ▶ It helps you make sure YOU are conveying information in a way your patient can understand.
- ▶ The teach-back technique can take as little as 1 to 2 minutes.



DO: Hand out **Tool 6, Using the Teach-Back Technique: A Reference Guide for Health Care Providers**.

SAY: First, I'll explain the main components of effective teach-back. Later in this section, we'll watch a short video and discuss whether you found the provider followed the teach-back method well or not.

Teach-back is a technique in which your patients use their own words to explain what they need to know about their health or what to do to get

better.


Teach-back can help you make sure you are conveying information in a way that your patients can understand. As your patients teach-back what they have learned during the visit, you are assured that you have effectively communicated with them.

The good news is teach-back can be done in as little as 1 to 2 minutes.

Slide 53

What to say while using teach-back during shared decision making

- ▶ Explain things clearly using plain language, and avoid medical jargon and vague terms.
- ▶ Make sure your patients know your goal is to check how well you explain the health information, not to test THEIR knowledge.



Refer to page 3, Tool 6

SAY: Let's look at how to do effective teach-back with shared decision making.

What to say while using teach-back during shared decision making:

- Explain things clearly using plain language, and avoid using medical jargon and vague directions.
- Make sure your patients know your goal is to check how well you explain the health information, not to test THEIR knowledge.

Slide 54

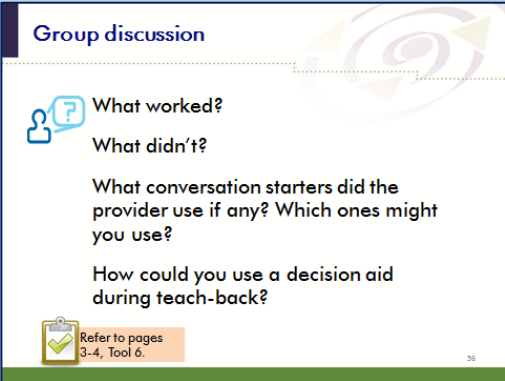
What to say while using teach-back during shared decision making

- ▶ Encourage patients to use their own words rather than copying you or others on your team.
- ▶ Ask "open-ended" questions that start with "what" or "how," and avoid questions that result in "yes" and "no" answers.
- ▶ When appropriate, ask your patient to demonstrate a skill (peak flow meter, blood glucose testing).

SAY: Encourage patients to use their own words, rather than copying you or others on your clinical team.

Ask open-ended questions that start with "what" or "how," and avoid questions that result in "yes" and "no" answers. For example, say, "What questions do you have today?" instead of "Do you have any questions today?"

And when it is appropriate, ask your patients to demonstrate their skills, such as using a peak flow meter. Let's view the teach-back technique in action.

<p>Slide 55</p> 	<p>DO: Show group the short video on teach-back.</p> <p>SAY: Keeping the components we just went over in mind, let's watch this short video on teach-back.</p> <p>https://www.youtube.com/watch?v= Vo9Q_EfBX8</p>
<p>GROUP ACTIVITY</p>	
<p>Slide 56</p> 	<p>ASK: What worked? What didn't?</p> <p>A possible response for what worked:</p> <p>The provider asked the patient how the man would explain to his wife what was discussed during his medical appointment.</p>
<p>Slide 57</p> 	<p>SAY: There will be times when teach-back reveals your patient does not fully understand the information you offered. Follow these three steps:</p> <p>Step 1: Say, "I must have not done a good job explaining. Let me try again."</p> <p>Step 2. Explain the health information a second time, using a different approach. Create a simple drawing or demonstrate the behavior.</p> <p>Step 3: Use the teach-back technique again to check for comprehension.</p>

Slide 58

Teach-back review

- ▶ It takes a few minutes to implement.
- ▶ Try teach-back when you explain important concepts, such as:
 - Treatment options
 - Clinical trial participation
 - Benefits and risk
 - Adherence to a treatment plan

SAY: Takeaways from teach-back show that, in most cases, it doesn't take more than a few minutes to implement. Use teach-back whenever you explain an important concept, such as treatment options, participating in a clinical trial, weighing benefits and risk, or adherence to a treatment plan.

INTRODUCE CULTURAL COMPETENCE (15 minutes)

Slide 59



SAY: Thus far, we've talked about communication barriers, health literacy, health numbers, and the teach-back technique in this communication module.

The final area we are going to address is cultural competence.

DO: Hand out **Tool 7, Taking Steps Toward Cultural Competence: A Fact Sheet**, or remind participants that it is in their notebooks.

Slide 60

Read and review tool 7 - Taking Steps Toward Cultural Competence

- ▶ Many of you have taken courses in cultural competence.
- ▶ Tool 7 addresses considering cultural differences as you build effective relationships with your patients during shared decision making.

SAY: Many of you have likely attended on-the-job workshops on cultural competence, and as you know, this training can be an entire day or a series of trainings.

While we are not able to address this important topic in-depth today, we encourage you to read **Tool 7, Taking Steps Toward Cultural Competence** and become familiar with it. It provides guidance for how to consider cultural differences as you build effective relationships with your patients during shared decision making.

Slide 61

Working with diverse patients

- ▶ Ask your patients about their health beliefs.
 - The meaning or value of prevention, intervention, and treatment may vary greatly among cultures. You may want to ask your patients about their beliefs regarding their health condition.
 - Consider asking: “What do you think caused the problem?” “What do you fear most about the sickness?” or “Why do you think it started when it did?” These can allow you to make the most of your interactions during shared decision making.

Refer to page 2, bullet 2, Tool 7.

SAY: Let’s look at some key takeaways from the “Learn how to interact with diverse patients” section found on page 2 of the tool.


Let’s go over bullets 2, 5, and 6.


Bullet 2 addresses asking patients about their health beliefs. Because the meaning or value of prevention, intervention, and treatment may vary greatly among cultures, you may want to ask your patients about their beliefs about their health condition.

Questions – such as, “What do you think caused the problem?” “What do you fear most about the sickness?” or “Why do you think it started when it did?” – can allow you to make the most of your interactions during shared decision making. You may want to refer to this list and consider asking your patients these questions.

Slide 62

Learn how to interact with diverse patients

- ▶ Reach out to cultural brokers to learn more about your patients' health beliefs
 - Health care workers, social service workers, and community and cultural group leaders can offer insight.
-  Has anyone worked with health care and social service workers, cultural leaders, or faith-based leaders? What was the result?


 Refer to page 2, bullet 5, Tool 7.


SAY: **Bullet 5** addresses the importance of reaching out to cultural brokers to learn more about your patients' health belief systems. These health care workers, social service workers, and community and cultural group leaders can offer insight.

ASK: Has anyone worked with health care and social service workers, cultural leaders, or faith-based leaders? What was the result?

Slide 63

Learn how to interact with diverse patients

- ▶ Invite your patients to explain what is important to them, and how getting and staying well works in their community.
-  Has anyone tried that? If so, would you share what you gained/learned?

 Refer to page 2, bullet 6, Tool 7.

SAY: **Bullet 6** reminds you to let your patients know if you are not familiar with their culture.


Invite patients to explain what is important to them and how getting and staying well works in their community.

ASK: Has anyone tried that? If so, would you share what you gained/learned?

Slide 64

Provide culturally appropriate decision aids for diverse patients

- ▶ Ask your patients about their preferred style of learning.
 - Providing information using the patient's preferred format—print, video, or audio—can help patient comprehension.
 - Try showing a model, making a drawing, or demonstrating an action.
 - You may find your patient likes to get their information in a variety of ways.

 Refer to page 3, bullet 1, Tool 7.

SAY: Let's turn to the top of page 3 of Tool 7. Bullet 1 encourages providers to ask patients about their preferred style of learning. Providing your patient's with decision aids using their preferred format—print, video, or audio—can help patient comprehension.

Try showing a model, making a drawing, or demonstrating an action.

You may find your patient likes to get information in a variety of ways.

Slide 65

Provide qualified medical interpreters and use teach-back with diverse patients

- ▶ Use qualified medical interpreters for patients with limited English proficiency for clear communication.
- ▶ Consider using teach-back to expose any cultural misunderstandings.
 - Remember nodding and saying “yes” doesn’t always mean your patients fully understand.
 - Gently ask patients or family members to convey back in their own words.

Refer to page 3,
Tool 7

SAY: We discussed interpreters and teach-back earlier in the module. Page 3 reminds us that using qualified medical interpreters for patients whose English proficiency is limited is vital for clear communication.

Also consider using teach-back as a good technique to expose any cultural misunderstandings. Remember nodding and saying “yes” doesn’t always mean your patients fully understand. Gently ask patients or family members to convey back in their own words.

Slide 66

Work to build trust

- ▶ Recognize that in many cultures, family members are deeply involved in health decisions.
 - Try to involve extended family members when planning care.
- ▶ Encourage your patients to ask questions.
 - Explain that asking questions is a good way to learn about their health problems and treatment options.
 - You might probe with, “What questions do you have for me today?”
- ▶ Create a welcoming environment.
 - Put a “Welcome” sign in a variety of languages on the office door.
 - Place a few magazines or other print materials in the patient’s native language.

Refer to page 3,
Tool 7.

SAY: The final area that I want to discuss from the tool is working to build trust, which is found at the bottom of page 3. Let’s go over a few of these tips now.

Recognize that in many cultures, family members are deeply involved in health decisions. Try to involve extended family members when planning care.

In some cultures, it is not polite to ask questions.

Bullet 3 reminds you to encourage your patients to ask questions. You might probe with, “What questions do you have for me today?”

Finally, create a welcoming environment. You can even put a “Welcome” sign in a variety of languages on the office door. Place a few magazines or other print materials in the patient’s native language in the waiting area. This will show a caring attitude.

Slide 67

Key takeaways

- ▶ Offer your patients appropriate decision aids when applying shared decision making. For example, use decision aids that are:
 - Culturally sensitive
 - Easy to read
 - In multiple formats, such as print, video, and audio for people with communication challenges

SAY: Key information in Module 3 includes:

Offer your patients appropriate decision aids when applying shared decision making. For example, use patient decision aids that are:

- Culturally sensitive
- Easy to read
- In multiple formats, such as print, video, and audio for people with communication challenges

Slide 68

Key takeaways

- ▶ Work with qualified medical interpreters when possible to ensure accurate translations and understanding when practicing shared decision making.
- ▶ Use universal health literacy precautions during shared decision making with all your patients because you can't tell by looking who has limited health literacy.

SAY: Work with qualified medical interpreters when possible to ensure accurate translations and understanding when practicing shared decision making.

Use universal health literacy precautions during shared decision making with all your patients, because you can't tell by looking who has limited health literacy.

Slide 69

Key takeaways

- ▶ Follow the strategies for making numbers easier to understand when conveying benefits and risk and treatment options; even college graduates struggle with health numbers.
- ▶ Use teach-back to make sure you have conveyed your health message in a way that your patients can understand as you engage in shared decision making.
- ▶ Ask your patients about their health beliefs and cultural norms to build relationships based on trust and concern during shared decision making.

Clear health communication is key to effective shared decision making.

SAY: Follow the strategies for making numbers easier to understand when conveying benefits and risk and treatment options; even college graduates struggle with health numbers.

Use teach-back to make sure you have conveyed your health message in a way that your patients can understand as you engage in shared decision making.

Ask your patients about their health beliefs and cultural norms to build relationships based on trust and concern during shared decision making.

I encourage you to pull out Tools 3 through 7 in the next week to review the tips and information we addressed in Module 3. Look at the back of

each tool for resources on finding decision aids and to learn more about the five topic areas in this module.

Remember, clear health communication is key to effective shared decision making.

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