Clear as blood: Self-reflection to enhance shared-decision-making in prostate cancer screening

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BACKGROUND

- The average health literacy in the United States is at an eighth grade reading level.
- 14% of US adults (30 million) are unable to perform everyday literacy tasks (ie read a chart or simple instructions) many who can not speak English.
- 1300 participants in an online survey of mostly highly educated showed (14%) though disagreeing with their doctor was socially acceptable or would lead to good outcomes (15.2%).
- Study of 82 residents overestimated communication ability; 88% reported use of plain language but averaged 2 jargon words per min. 44% reported use of teach back but only 20% used it.
- Awareness of jargon use may help improve communication.
- Helpful interventions are not known.

METHODS

- Residents were asked to pair up and record a simulated patient-physician shared-decision-making roleplay.
- After recording their discussion, residents were asked listen to the recording.
- They were then supplied with a list of “clear communication strategies” and asked to reflect on how they could utilize these in future discussions.
- The roleplay scenario was repeated four weeks later.

- Fleisch-Kincaid, the most commonly used calculator for literacy, and SMOG, the most commonly used health literacy calculator, was used to calculate grade level of each transcription.
- Wilcoxon rank-sum 2-tailed tests were used to compare paired results.

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RESULTS

- Twenty-two residents completed the roleplay scenarios. Over 50 unique jargon terms were identified, including biopsy, symptoms, false positive and screening. All residents used more jargon words than they self-identified. Unique jargon use decreased from 6.4 (SD=2.4) to 4.0 (SD=1.6) words per discussion after four weeks (p=0.0003).
- After the four weeks, residents explained the definition of jargon terms more frequently 14% vs 31% (SD=19% and SD=23%, respectively, p=0.001), and asked more clarifying questions 1.2 vs 1.9 questions (SD=1.0 and 1.1, respectively, p=0.015). Grade level analysis showed improvement in grade level at which information was conveyed from 8.5 (SD=2.0) to 7.2 (SD=1.9) (p=0.0012).
- The four residents who did not identify any jargon did not show improvement in this intervention. Several residents commented that the exercise made them want to change their approach to communicating with patients.

DISCUSSION

- Residents use significant amounts of jargon communicating with patients.
- Residents in our study identified fewer jargon terms in their own conversations than were present, including several who did not identify any.
- This suggests overestimation of communication clarity and highlights the need for communication training in residency.
- A short intervention using self-reflection to raise awareness of medical jargon use may improve resident-patient communication in future encounters.
- During follow up, residents were able to tailor their language to an average less than an 8th grade level.
- Future studies should include more residents to identify the ideal curriculum to build long-term awareness of health literacy and clear communication that can be sustained past residency.

REFERENCES

- Photo Lapourer at the NIH. NIH.gov June. 2015. URL: http://www.nih.gov/communication/plainlanguage/index.htm