Module 1. Individualized Instruction: Goal and Task Analysis

Physicians as teachers: Tailoring physician-patient communications for health literacy

Why this matters

Health literacy is defined as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Ratzn & Parker, 2000). Only 12% of English-speaking adults in the U.S. have proficient health literacy skills (Kutner, Greenberg, Jin, & Paulson, 2006). This means that 88% of English-speaking adults face significant challenges when it comes to making informed health care decisions. As reported by the American Medical Association, poor health literacy is "a stronger predictor of a person's health than age, income, employment status, education level, and race" (1999).

Gap analysis: optimals and actuals

Targeting the physician component of physician-patient communications is important because physicians have a critical influence on a patient's decision-making when it comes to health care strategies. Physicians also are an important influence on a patient's interpretations of communications from other channels. Yet many physicians overestimate the health literacy of their patients. They lack awareness of the specific needs of low-literacy patients and are uncertain how to adjust their communication strategies to meet the needs of these patients (U.S. Department of Health and Human Services, 2003).
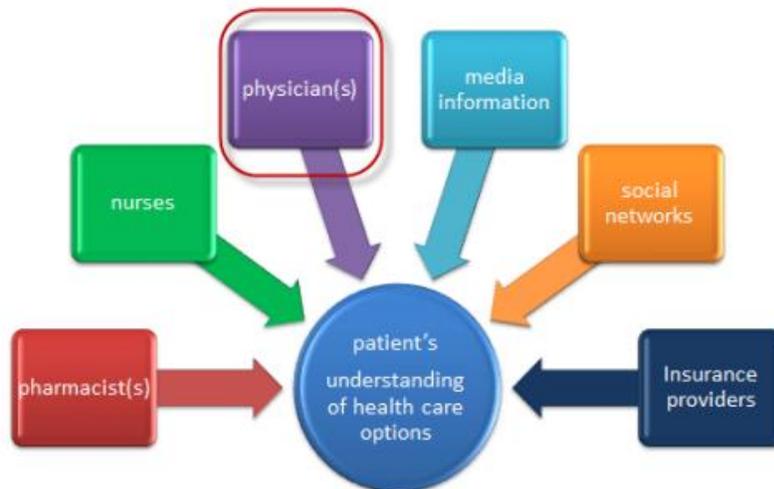
Learner Profile

Physicians generally obtain training in communication skills during the first and second years of medical school. However, subsequent to this training, physicians receive few opportunities to develop or reinforce skills that are specifically aimed at addressing the health literacy needs of their patients. An elearning course is appropriate because physicians need to be able to obtain continuing medical education as convenient and at time of need. Physicians are familiar with accessing online resources and participating in asynchronous elearning courses to obtain continuing medical education.

Task analysis

Instructional Goal: A physician will be able to accurately evaluate the health literacy skills of his/her patients and will be able to adapt his/her communications (verbal, print, and online) to correctly match these skills.

Tasks required to achieve this goal are identified below.

Task 1. A physician will be able to accurately evaluate the health literacy skills of a patient using an assessment method selected from REALM, Newest Vital Sign, or the Single-Item Literacy Screener (see, Weiss, 2007) and will be able to correctly identify at least three strategies for performing the evaluation under conditions that minimize a patient's anxiety. The physician will have access to REALM and Newest Vital Sign questionnaires but will be required to state the single-item literacy screener question from memory.

Knowledge/skills needed	Strategies and cues of superior performers	Common errors
A physician: • Is able to access and has the ability to administer each of the evaluation methods • Identifies which assessment is appropriate given a particular patient (e.g., the patient's willingness to be assessed and time for the appointment) • Is able to identify at least 3 strategies for minimizing a patient's anxiety while performing the assessment	A superior performer • Identifies verbal and nonverbal patient cues that may impact their understanding of health information • Recognizes that health literacy can be a moving target and that even educated patients may suffer from poor health literacy when made vulnerable by illness	The physician may: • Administer the assessment as if it's a formal exam • Assume that formal education corresponds to good health literacy • May not recognize coping methods patients use to hide poor health literacy skills

Task 2. A physician will be able to use language and verbal communication methods that are correctly tailored to the patient's health literacy skills by identifying and applying four principles of patient-centered care in case studies (defined in "Knowledge/skills needed" below).

Knowledge/skills needed	Strategies and cues of expert performers	Common errors
Physicians will be able to: • Identify and apply the four principles of patient-centered care in case stud(ies) 1. Provide plain language	Physicians who are good communicators: • Use plain language and language that the patient uses • Focus on the 2 or 3 most	A physician: • Uses scientific jargon • Speaks too quickly • Interrupts the patient and does not use open-ended questions

information (using words that correlate with the patient's reading skills) based on the patient's desire for details 2. Mutually agree on goals for shared-decision making 3. Convey empathy and compassion, verbally and nonverbally (describe and identify verbal and nonverbal cues to convey empathy) 4. Respect and respond to patient's values, beliefs, needs, and emotions (developing questions to identify patients' values and beliefs and using a patient's own words to describe treatment options; identifying at least 3 strategies for encouraging a patient to ask questions).	important concepts. • Speak slowly • Encourages patient's responses using verbal and non-verbal cues • Summarizes important points • Incorporates the patient's perspective by relating explanations to the patient's beliefs, concerns, and expectations • Encourages the patient to asks questions and recognizes that patients with poor health literacy may be hesitant to ask questions • Make suggestions rather than issuing directives • Can identify language assistance services in their community	• Does not supplement communications with additional educational materials • Uses a physician-centered versus patient-centered approach (e.g., prescribes vs. recommends)

Task 3. A physician will be able to: 1) Identify print and online resources that are patient-friendly by using a provided checklist of criteria for readable and usable websites and print materials; and 2) Identify and apply techniques for teaching patients to evaluate the credibility of online information

Knowledge/skills needed	Strategies and cues of expert performers	Common errors
Physicians will be able to: • Use a checklist of criteria for readable and usable websites and print materials and identify whether exemplary websites/reading materials meet these criteria • Apply the Flesch/Flesh-Kincaid test to material to identify materials written at	Physicians who are superior performers: • Have a collection of educational materials available and continually reassess these materials • Are willing to discuss internet resources with their patients	A physician: • Does not supplement verbal communications with educational materials • Discourage patients from searching online for information and discussing internet resources at appointments

an 8th grade level or below (a checklist task) • Be able to direct patients to the Trust it or Trash It website and model using the website to determine whether a web page contains credible health information		

Task 4. A physician will be able to use the "teach-back method" during an office visit to gauge a patient's understanding of communications during that visit (asking patients to recall or restate what they need to know and/or do as part of a treatment plan) (see, Schillinger, Piette, Grumbach, Wang, Wilson, Dahler, et al., 2003).

Knowledge/skills needed	Strategies and cues of expert performers	Common errors
A physician is able to describe: • Why to use the teach-back method (i.e., evidence of success) • How to use the teach-back method (i.e., what types of questions to use to initiate a "teach-back" cycle) • When to use the teach back method (I.e., Identify the four "need to know and do" questions that patients need to able answer when leaving the exam room: what does the patient need to know about medicines, self-care, referrals and follow-ups, and filling out forms) • Strategies for rephrasing information based on the results of a teach-back cycle	• When more than one concept is explained, physicians use a "chunk and check" approach, asking the patient to teach back at the end of each chunk of information • Uses issues raised by teach back to further clarify concepts, rephrase, provide additional education • Asks the patient to teach back in a way that isn't patronizing • Uses a caring tone of voice • Makes sure the patient is using his/her own words	• A physician may ask a patient "do you have questions" or "do you understand" rather than evaluating understanding. • May try to fill in a patient's pauses with his her own words • May embarrass the patient by appearing impatient • Patients may be merely repeating physician's words vs. using their own words

References

American Medical Association. (1999). Report on the Council of Scientific Affairs, Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs. *Journal of the American Medical Association*, 281(6), 552-7.

Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). *The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy* (NCES 2006-483). Washington, DC: U.S. Department of Education, National Center for Education Statistics. Retrieved from http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006483

Schillinger, D., Piette, J., Grumbach, K., Wang., F., Wilson, C., Dahler, C., et al. (2003). Closing the loop: physician communication with diabetic patients who have low health literacy. *Archives of Internal Medicine*, 163(1), 83-90.

U.S. Department of Health and Human Services. (2003). *Communicating Health: Priorities and Strategies for Progress, Action Plans To Achieve the Health Communication Objectives in Healthy People 2010.* Retrieved from http://odphp.osophs.dhhs.gov/projects/healthcomm/default.htm

Weiss, B.D. (2007). Health literacy assessment tests in clinical practice. *Medscape Nurses*. Retrieved from http://www.medscape.org/viewarticle/566053