

Improving your communication skills as a healthcare practitioner

Individuals with low health literacy often have poor reading skills. As a result, they often rely solely on verbal communication for instructions. ([Brega et al. 2015](#)) This is especially problematic since healthcare providers often struggle to communicate complex medical information to patients with low health literacy. ([Roodbeen et al. 2020](#)) The following guide can help practitioners practice effective communication with patients.

Address linguistic and communication differences

Linguistic differences between the patient and practitioner can complicate communication, impair health literacy, and increase the risk of adverse events, longer hospital stays, and in-hospital deaths. ([Brega et al. 2015](#)) ([Seale et al. 2022](#))

For all patients:

- Ask what language they prefer to speak and read. Use "[I Speak](#)" cards to help identify the language spoken for patients with low English proficiency.
- Note their linguistic preferences in their medical record for future reference.
- Offer educational resources in their preferred language. ([Brega et al. 2015](#))



Multilingual easy-to-read patient education

- [MedlinePlus by the National Institutes of Health](#)
- [Health Information Translations](#)

When communicating with patients with impaired hearing, remember to:

- ☐ Ask them how they prefer to communicate. Not all persons with impaired hearing know sign language or how to read lips. Furthermore, only 30% of lip reading is understood. Be prepared to repeat yourself.
- ☐ Decrease background noise and position them with their backs to a wall if possible.
- ☐ Always face and talk directly to them, even if they have an interpreter.
- ☐ Pause occasionally when using an interpreter to allow for complete and accurate translation. ([Smeltzer et al. 2017](#)) ([Sudore and Schillinger 2009](#))

When communicating with patients with impaired vision, remember to:

- ☐ Announce yourself and anyone else who may be with you when you approach them.
- ☐ Touch their arm lightly to let them know you are speaking to them.
- ☐ Always face and talk directly to them.
- ☐ Explain when you are leaving the environment.
- ☐ Be specific when offering directions. For example, say, "In five steps, turn right" rather than "In a few steps, turn right."
- ☐ Never distract service animals. ([Smeltzer et al. 2017](#))

Every two, six, and 12 months review:

- ☐ How are language assistance and communication needs being met?
- ☐ Are language assistance and communication needs being recorded in the medical records?
- ☐ What are the most common languages used by patients?
- ☐ Are educational materials available in the languages most frequently used by patients?
- ☐ Are qualified individuals providing language assistance (e.g., bilingual clinicians or staff members whose proficiency has been confirmed; staff trained as ASL interpreters; on-site trained medical interpreters; or telephone or video medical interpreter services)? ([Brega et al. 2015](#))

Use clear everyday language

Poor practitioner communication is a commonly stated barrier to patient health literacy. It is vital for practitioners to:

- ☐ Use everyday, non-medical language.
- ☐ Speak clearly at a moderate pace.
- ☐ Use the patient's own words—such as the words they use to describe their condition—to facilitate understanding and reduce confusion.
- ☐ Limit key points discussed to three or less to reduce overwhelm. ([Sudore and Schillinger 2009](#))

Encourage question asking

Studies have found that individuals with low health literacy ask fewer questions during their medical visits than individuals with high health literacy. ([Menendez et al. 2017](#)) It is, therefore, vital to invite patient participation by encouraging questions and asking open-ended questions. ([Menendez et al. 2017](#)) ([Sudore and Schillinger 2009](#))



Ask: “What questions do you have?”



Rather than: “Do you have any questions?”

This conveys to the patient that questions are expected and increases the likelihood that they will ask questions.

Use the teach-back method

The teach-back method can help practitioners confirm patient understanding by having the patients repeat or demonstrate the information or technique taught by the practitioner.

Researchers “recommend destigmatizing the interaction by placing the onus of clear communication on the clinician.” Healthcare

practitioners can preface the teach-back method by saying: “I’ve just said a lot of things. To make sure I did a good job and explained things clearly, can you describe to me...?” (Sudore and Schillinger 2009)

The [Always Use Teach-Back! Toolkit](#)

provides practitioners tools and resources to help them implement the teach-back method into their practices.

(Brega et al. 2015)

Track your progress

- Prior to implementing the recommendations mentioned above, complete the following assessments for practitioner communication:
 - [Self-assessment form](#): Evaluate your own communication skills after a patient visit.
 - [Peer feedback form](#): Ask a colleague to assess your communication skills. Remember to explain to patients that the assessor will be evaluating your communication skills, not theirs.
 - [Patient feedback form](#): Ask patients to provide feedback about their appointment.
- One month after starting the implementation process of these recommendations, complete another round of self-assessment and peer and patient feedback. Notice if there are any changes.
- Reassess every quarter or at a cadence that works best for you. (Brega et al. 2015)

The image displays three overlapping forms from Fullscript, designed for healthcare providers to track their communication progress. The forms are titled 'Healthcare provider Self-assessment form', 'Healthcare provider Peer feedback form', and 'Patient feedback form'. Each form includes a header with the Fullscript logo and a title. The 'Self-assessment form' and 'Peer feedback form' both include a 'Provider name:' field and a 'Date:' field. The 'Self-assessment form' has a section for 'Linguistic preferences' with a table of 'Yes', 'No', and 'Not applicable' responses. The 'Peer feedback form' has a section for 'Linguistic preferences' with a table of 'Yes', 'No', and 'Not applicable' responses. The 'Patient feedback form' has a section for 'Linguistic preferences' with a table of 'Yes', 'No', and 'Not applicable' responses. The forms are overlaid on a background image of a healthcare provider sitting at a desk with a patient, and a stack of orange pills.



References

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This handout was developed and medically reviewed by Fullscript's Integrative Medical Advisory team.

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Updated: November 2022