



“Medspeak” can shut down effective communication with patients

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The 56-year-old inpatient is scared and worried. His physician has told him the swelling in his right calf that brought him to the hospital may be caused by an “agent” or “pathogen,” but he is confused. An “agent” sounds like a person, and a “pathogen” sounds like “psychopath.”

When the physician returns with the diagnosis, cellulitis, and says it is an “inflammation of the skin and subcutaneous tissues,” the patient is further confused and flummoxed about deciding whether to stay in the hospital for antibiotic treatment or receive a prescription and rest at home.

This kind of “medspeak” can get in the way of patients’ sharing decision-making with their physicians and should be avoided. There are some evidence-based methods that help close critical communication gaps.

As Lara Killian and Margo Coletti explained in their article in the *AMA Journal of Ethics*®, from which the vignette above is drawn, only 12% of U.S. adults are highly proficient when it comes to health literacy, which is the capacity to understand and act on medical information.

“Often, health care professionals assume that patients and families understand what they’ve been told,” the authors wrote. “However, it’s not enough to think that a nod or silence—or even a ‘yes’—means comprehension. A blank look—common when a person is overwhelmed—is a good indication that there has been a communication breakdown.”

Killian and Coletti argued in the article that physicians should make use of the *Health Literacy Universal Precautions Toolkit*, published by the U.S. Agency for Healthcare Research and Quality (AHRQ), to protect patients’ dignity and autonomy, manage the legal risks of misunderstandings, comply with accrediting bodies’ regulations, and improve patient safety and health care outcomes.



Because poor health literacy is often hard for physicians to detect, the toolkit urges avoiding med speak and taking other safe-communications steps with all patients. AHRQ offers a set of 21 tools designed for primary care practices to implement the universal-precautions approach. These start with how to form a team, create a plan and raise awareness of the problem among physicians, health professionals and clerical staffers.

AHRQ also advises that to communicate clearly, physicians should:

- **Greet patients warmly.** Receive everyone with a welcoming smile, and maintain a friendly attitude throughout the visit.
- **Make eye contact.** Make appropriate eye contact throughout the interaction.
- **Listen carefully.** Try not to interrupt patients when they are talking. Pay attention, and be responsive to the issues they raise and questions they ask.
- **Use plain, nonmedical language.** Don't use medical words. Use common words that you would use to explain medical information to your friends or family, such as stomach or belly instead of abdomen.
- **Use the patient's words.** Take note of what words the patient uses to describe his or her illness and use them in your conversation.
- **Slow down.** Speak clearly and at a moderate pace.
- **Limit and repeat content.** Prioritize what needs to be discussed, and limit information to three to five key points and repeat them.
- **Be specific and concrete.** Don't use vague and subjective terms that can be interpreted in different ways.
- **Show graphics.** Draw pictures, use illustrations, or demonstrate with 3-D models. All pictures and models should be simple, designed to demonstrate only the important concepts, without detailed anatomy.
- **Demonstrate how it's done.** Whether doing exercises or taking medicine, a demonstration of how to do something may be clearer than a verbal explanation.
- **Invite patient participation.** Encourage patients to ask questions and be involved in the conversation during visits and to be proactive in their health care.

The Medical Library Association offers a glossary of common medical terms—from abscess to zygote—designed to help patients understand what their physicians or other health professionals are saying.

Encourage questions

The simple act of inviting patients to ask questions can be a powerful way to uncover patient misunderstandings and take another crack at explaining matters without using med speak, according



to the AHRQ toolkit.

Effective ways to make it easier for patients to speak up about what they don't understand include:

- Saying, "What questions do you have?" This specific wording creates the expectation that they should ask questions.
- Asking patients what questions they have several times during an office visit.
- Saying, "We discussed a lot of information. What can we review again?"
- Saying, "[Diagnosis] may be new to you, and I expect that you have some questions. What would you like to know more about?"
- Using the right body language. Sit, don't stand, and sit at the same level as your patient.
- Looking and listening. Look at patients when talking and listening, as opposed to looking at the chart or computer.
- Showing that you have the time. Be conscious about presenting yourself as having time and wanting to listen to their questions. Try not to interrupt.

Using the teach-back method is another strategy physicians should employ to address the barriers created by medsppeak and patients' poor health literacy. According to AHRQ, patients immediately forget between 40–80% of the medical information relayed to them during physician visits, and nearly half of what they do remember is wrong.

With this approach, the physician in the vignette above may have asked that patient with cellulitis, "If your wife calls, what will you tell her about your leg?" This likely would have revealed that the patient was unclear on the meanings of several medsppeak terms, such as "pathogen," "cellulitis" and "inflammation of the skin and subcutaneous tissues," because he would have been unable to explain in his own words the meaning of the diagnosis as well as the self-care steps he needed to take.

Health coaches can help

Some physician practices are using health coaches who employ evidence-based communications practices such as those above to help patients manage conditions such as type 2 diabetes and hypertension.

An AMA STEPS Forward® toolkit offers concrete information needed to help other practices learn more about health coaching and what it takes to recruit, train and mentor coaches, as well as how to track their progress. Another STEPS Forward toolkit details the value of listening with empathy to increase patient satisfaction, engagement with care and adherence to treatment plans.



Also, learn more with the AMA about the do's and don'ts for effective patient communication. That includes using the right language to:

- Keep the patient's interests primary.
- Avoid blaming, judging or stigmatizing.
- Solicit the patient's agenda and point of view.
- Encourage disclosure.
- Provide accurate and understandable information while "prebunking" inaccurate information.
- Affirm values.
- Use stories, especially personal ones.
- Confirm shared understanding.