Understanding of jargon used in clinic-patient correspondence

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Introduction

Clear patient-clinician communication is important for patient outcomes, satisfaction, and knowledge, in both audiology, and in the wider medical field (1;2). Patients' knowledge about their hearing care is important, greater knowledge is associated with increased patient empowerment (3), which in turn is associated with better uptake and use of interventions (4).

Shared decision-making is a core component of patient centred care, and it is not possible without clear and concise delivery of information to the patient, in a way that is easy to understand (5).

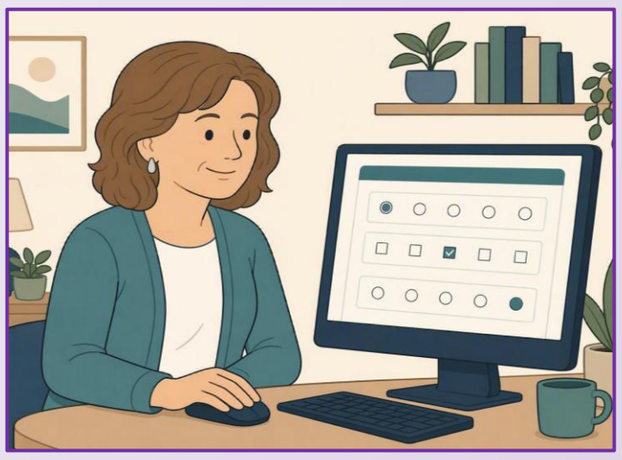
Aims

Establish the level of older adults' understanding of medical jargon commonly used in patient letters following hearing assessment appointments.

Methods

Participants:

- 175 adults aged 50+ years (Mean 70 years)
- English as first language 93%
- Prior hearing assessment 30%
- Education none/low 23%



Task:

To define commonly used audiology jargon terms extracted from NHS letters using an online survey platform (YouGov).

Scoring:

Definitions were scored independently by two members of the research team as 'fully', 'partially' or 'not comprehended'. Additional team members were engaged to obtain consensus.

Examples of responses and scoring

Audibility
"How well you can hear things" fully comprehended, "How you can hear" partially comprehended "Sound" did not comprehend.

Impressions
"Moulds of the ear canal shape" fully comprehended, "Measurement of ears for hearing aids" partially comprehended "Opinions" did not comprehend.

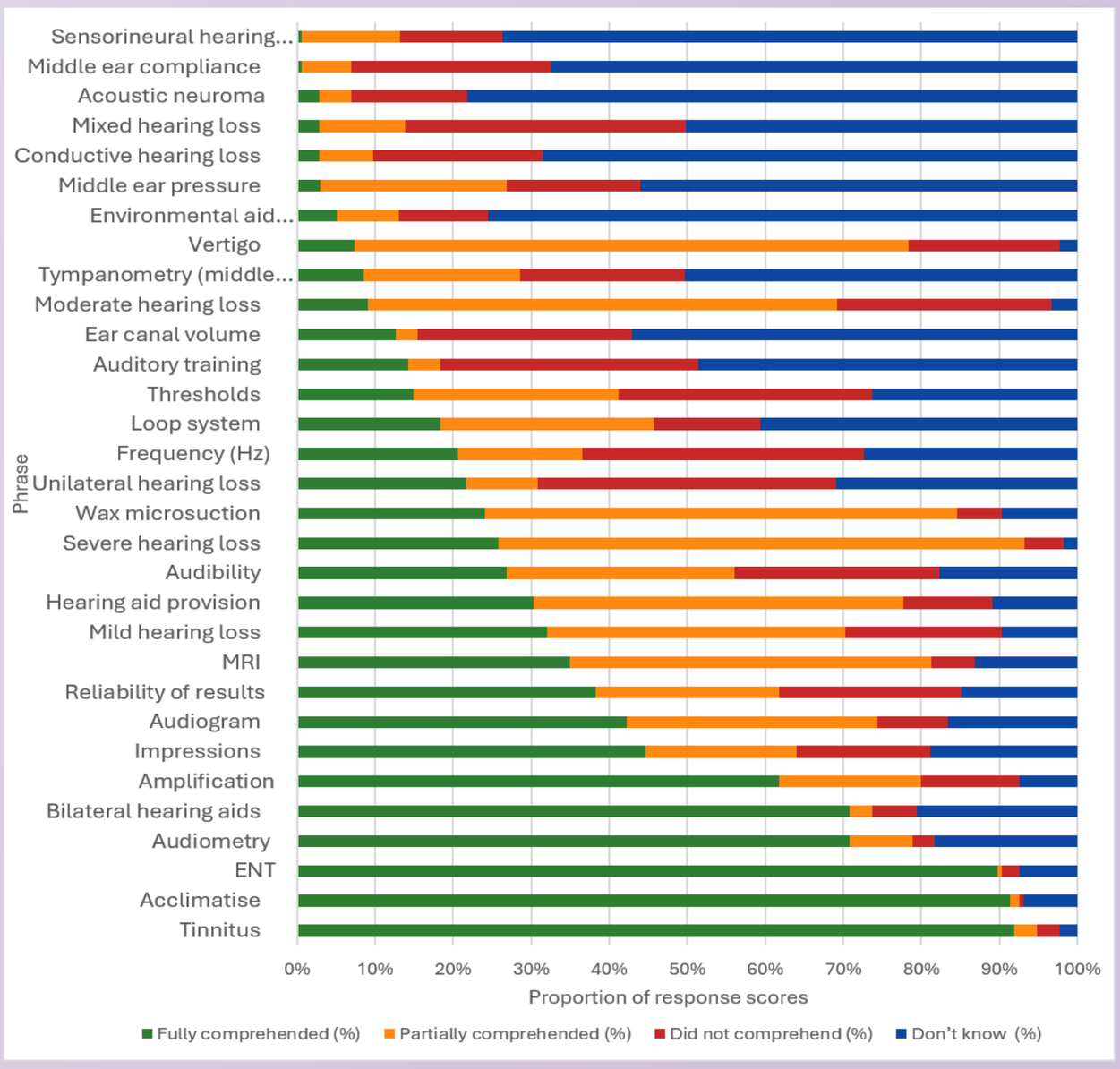
Mild hearing loss
"A slight loss of the ability to register sounds, well short of deafness" fully comprehended, "Reduced hearing compared to the medical standard." partially comprehended "Your hearing is quite good" did not comprehend.

Results

Of 31 jargon terms assessed:

- 25% (*n=9)* were incorrectly defined or not able to be defined by more than 75% of participants.
- 10% (*n=3*) were correctly defined by more than 75% of participants.
- The results were independent of age and previous hearing assessment.
- Education level had little effect.

Participant comprehension of jargon phrases



Discussion

Understanding of jargon in NHS audiology department letters amongst older adults is poor. The use of these phrases should be avoided, or their meaning clearly explained in any correspondence. This practice should be instilled early on in clinical practice and thus ideally be part of audiology students training.

Future research

A glossary or database of audiology jargon phrases with clear simple definitions or alternative wording should be co-developed for audiologists and patients alike by working with patient groups and audiology professionals.

References

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