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Plain language in pediatric communication: Concepts and strategies

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INTRODUCTION

By the end of a medical consultation, between 40% and 80% of the information provided has already been forgotten by the patient or their family, and nearly half of what is remembered is incorrect.[1] In pediatrics, where communication is directed simultaneously at the child, their parents or caregivers, and—often—other adults involved in their care, such as grandparents, teachers, or or childcare providers who receive secondhand information about what the doctor said, these figures take on a clinical significance that cannot be ignored.

The gap between what the doctor says and what the family understands is not a matter of goodwill, but a structural problem. The American Academy of Pediatrics (AAP) has documented that half of all parents have difficulty reading and understanding the pediatric educational materials typically provided during a doctor's visit, and warns that, under the right circumstances, anyone can experience low health literacy, regardless of their educational level: a parent who is sleep-deprived and distressed about their child's condition is not in an optimal state to process complex medical information.[2]

Pediatric communication also requires tailoring the message to the child's cognitive development: a preschooler has difficulty processing abstract terms, while a teenager can and should be included in the clinical conversation as an active participant.

The concept of plain language proposes a systematic approach to this problem. It is not a matter of simplifying medical knowledge or talking down to families, but rather of adapting communication to the actual abilities and needs of those receiving the information, so that they can find it, understand it, and use it to make informed decisions.[3] The purpose of this commentary is to present the core concepts of plain language and health literacy, along with the most well-supported communication strategies, with a focus on pediatric practice.

HEALTH LITERACY

Health literacy has been defined as the combination of knowledge, motivation, and skills that enable individuals to access and understand health information and to evaluate and apply it to make decisions in everyday life.[4]

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The European Health Literacy Survey (HLS-EU), the first population-based comparative survey conducted in eight European Union countries, found that 47% of respondents exhibited some degree of limited health literacy, with a clear social gradient: the lower the educational level, the lower the income, and the older the age, the poorer the health literacy.[4] The HLS-EU data, collected from European populations, cannot be directly extrapolated to the Argentine context in numerical terms. Still, they do provide guidance in qualitative terms: the complexity of medical messages often exceeds any person's ability to process them, regardless of their level of education.

COMMUNICATION STRATEGIES AND "DETERMINOLOGIZATION"

Research in health communication has identified a set of strategies with evidence of an impact on understanding, adherence, and clinical outcomes (*Table 1*). The teach-back method involves asking the patient or their family to explain in their own words what they have just been told; it evaluates not the patient, but the effectiveness of the healthcare professional's communication. A systematic review of studies in adults, most of them with chronic conditions, found that its use is associated with improvements in knowledge about the disease, self-management, and treatment adherence.[5]

Chunking involves breaking down information into a small number of key ideas—usually no more than three to five—organized by clinical priority. The Ask Me 3™ method, created by the National Patient Safety Foundation and currently promoted by the Institute for Healthcare Improvement, proposes that, at the end of the visit, the family should be able to answer three questions: What is my problem? What do I need to do? Why is it important for me to do this?[6]

It should be noted that much of the evidence on these strategies comes from studies conducted in adults with chronic diseases; research in pediatric populations remains limited, creating a knowledge gap.

Determinologization is the process by which a specialized term is rephrased in language accessible to those without training in the subject, without losing scientific precision. Its main techniques in health care include definition (the technical term followed by its explanation), reformulating paraphrases (for example, "cut back on salt" instead of "reduce sodium intake"), analogy, and terminological consistency (always using the same term for the same concept). A structural problem noted in the literature is that almost all plain language guidelines in health care are written in English and adapted to that language; specific materials in Spanish are still scarce.[3]

Table 1. Evidence-based strategies for plain language communication in health care

Strategy	Description	Application in Pediatrics
Teach-back	Ask the patient or family to explain in their own words what they have been told. This verifies the effectiveness of communication; it is not to evaluate the patient.	Ending the medical consultation, discharge instructions, education on chronic conditions.
Chunking	Break down the information into a small number of key points, usually no more than three to five, ranked by clinical priority.	Appointments for new diagnoses, medication instructions, and test preparation.
Ask Me 3™	Teach the patient and family to answer: What is my problem? What do I need to do? Why is it important for me to do this?	Any consultation. Especially useful in situations involving high emotional stress or complex information.
Plain language	Use everyday vocabulary, short sentences, the active voice, and one term per concept.	Diagnostic explanations, informed consent forms, and written materials provided during the consultation.
Determinologization	Rephrase technical terms using definitions, paraphrases, analogies, or terminological consistency.	All written and oral communication. This is especially important when it comes to new or little-known diagnoses to families.

PLAIN LANGUAGE AS A CLINICAL COMPETENCY

Proposing that plain language is part of medical practice means recognizing that communication is not an adjunct to medicine, but one of its fundamental tools. Communicating clearly does not mean simplifying medical knowledge; it means translating it and adapting the message to the recipient so they can act accordingly. In Argentina, Law 26529 on Patient Rights establishes that health information must be clear, sufficient, and appropriate to the patient's level of understanding.[7]

If clear communication is a clinical skill, it must be taught and assessed, rather than left to the intuition of individual professionals. Future areas for development include incorporating plain language into undergraduate and graduate medical education, producing educational materials and guidelines for determinologization in our language, and developing validated tools to assess comprehension in our setting.

The available strategies—teach-back, chunking, Ask Me 3™, and determinologization—can be applied in everyday pediatric practice without requiring special resources. Their systematic adoption is a direct investment in patient safety, treatment adherence, and equitable access to health care. ■

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