

Fluency in medicine is not enough: health literacy is the missing language of medical education

La maîtrise du langage médical ne suffit pas : la littératie en santé, la langue oubliée de la formation médicale

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Introduction

Imagine trying to navigate a complex healthcare system, make informed decisions, and follow medical advice—all without fully understanding the language used and information provided by your doctor. This is a reality for many Canadians; approximately 60% of adults and 88% of seniors struggle with health literacy,¹ or their ability to obtain, understand, evaluate, communicate, and use health information.² Physicians must recognize patient health literacy to translate complex medical jargon in ways that patients can understand. Yet, medical schools often underemphasize teaching students to hone these essential skills.

As a medical student, DA has witnessed this shortcoming firsthand. In clinical skills teaching sessions, students learn about systematic approaches to taking patient histories and performing physical examinations. However, students are tasked with choosing the right words when discussing the implications of disease on a patient's life, explaining physical examination maneuvers, and reviewing investigations and management options. Instruction in patient-friendly communication is inconsistent and often facilitator-dependent, rather than embedded in the core curriculum.

When we treat communication as an innate skill rather than a teachable component of medical education, we end up with some students who are effective communicators, and some who are not. Nonetheless, most will become

practicing physicians. To address this, early medical training must include standardized health literacy education.

Effects of low patient health literacy

Patients with low health literacy may not recognize symptoms or engage in self-management, resulting in delayed care, increased emergency department use and healthcare costs, and worse clinical outcomes.¹ Patients may also struggle to make lifestyle changes, take medications, participate in routine health screening, or receive immunizations.¹ As a health literacy expert and professor, SV has trained undergraduate students to identify and address health literacy using strategies like plain language, teach-back, and demonstrations to make health information and communication clear. It is time to embed this type of training into Canadian medical schools.

Health literacy training is valuable—but timing matters

We consider examples of health literacy interventions in medical training. A health literacy training program evaluation for family medicine residents in Manitoba reported that although the program improved health literacy awareness, it did not affect residents' willingness to incorporate health literacy-based communication strategies into practice.³ A survey administered to surgeons

across four Canadian academic institutions found that while 74% had a conceptual understanding of health literacy, surgeons relied on subjective impressions to estimate patients' health literacy.⁴

Although many physicians value health literacy, inconsistent training leads to variable application in practice. Interventions occurring later in residency and practice may also face barriers as physicians may not implement additional tools into their workflow, especially if health literacy strategies are not a standard practice. Therefore, the foundational years of medical school represent a critical period to integrate health literacy principles into curricula. However, there is limited research and evaluation of health literacy education in medical programs. One systematic review suggests that while health literacy training in medical school can improve students' communication skills, there remains a worldwide paucity of research on health literacy education leading to a gap in professional training.⁵

Medical students are uniquely positioned to master health literacy skills

Physicians must recognize and address patients' health literacy and can use strategies like plain language, welcoming questions, and visual aids to deliver care that aligns with patient needs, values, and preferences. Unfortunately, the growing physician shortage, time constraints, and resource limitations pose barriers to effective patient-physician communication and health-literate environments.

During clerkship, medical students are poised to build strong communication skills through longer, lower-pressure patient encounters. Integrating health literacy skills early in medical school curricula could encourage medical students to apply and consolidate this knowledge during clinical rotations, normalizing health literacy strategies for their future practices.

Future directions for health literacy in medical education

All that glitters is not gold in medical education. Curriculum overcrowding is associated with negative impacts on student learning and wellbeing.^{6,7} Curricular reform is not a zero-sum game—systematically integrating health literacy into medical education does not mean sacrificing

important content or worsening overload. Rather, Canadian medical schools should prioritize health literacy education, relevant in virtually all patient encounters, over lower yield teaching that is unlikely to be applied meaningfully in clinical practice. Health literacy integration offers a critical opportunity to align with existing frameworks in medical curricula to better prepare future physicians with communication excellence and supports the paradigm that teaching in medical school is a social practice.⁸

There is limited information regarding health literacy integration in Canada's 18 medical schools. Future research should map existing curricular efforts, identify implementation barriers, and offer actionable recommendations to embed health literacy training as a national strategy. Further empirical work should measure the impact of curricular changes. As the next generation of physicians, medical students deserve the tools to not only diagnose disease—but also to be understood by patients. Health literacy is where this begins.

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