Tony's left knee has been killing him for about six months. Now when he spends his Thursday afternoons taking care of his granddaughter Arlene, forget about all that up and down stuff he used to do. Tony sees an orthopedist—a nice enough fellow—who spends about 10 minutes with him and talks at him about “classic prepatellar bursitis,” “non-steroidal anti-inflammatories,” and “satisfactory outcomes.” The receptionist schedules Tony for a steroid shot in one week. Tony leaves the office with a vague feeling of having been gently railroaded. He realizes he should have asked about other ways of dealing with his bum knee.
So when Tony goes home, he searches “steroids” online. But he quickly feels overwhelmed by all the information. Some of it’s pretty scary, especially for a guy who hates needles. He calls a couple of people he knows, and one confirms that the shot really hurt. Then Tony remembers a call he got a few weeks ago from a nurse at his insurance company saying he could call a nurse any time he has a question. Tony makes the call.

I’m a big fan of telenurse help lines. In my work explaining health insurance to Americans who previously lacked affordable healthcare, I push telenurse services as a major benefit. So I want to make sure that when the newly insured—or anyone—calls in, the voice at the other end is highly listenable.

**What is listenability in healthcare** Just as health literacy best practices enable us to produce readable consent forms and patient education materials, so are there principles to make our verbal communication easy to understand. You see, it turns out that listening is harder than it looks. After all, listeners have to catch the speaker’s meaning on the fly without a chance to go back and reread it.

In the world of healthcare, our listeners are often in discomfort, experiencing anxiety, and confused about navigating an environment in which they usually did not voluntarily choose to enmesh themselves. No wonder evidence suggests that one of three patients discharged from an emergency department misunderstands what they’ve been told about aftercare, and those patients are unfortunately unaware of how much information they have missed.²

Of course, simple words and sentences are crucial for listenability. But other strategies that help include:

**Repeat yourself**
Tony’s telenurse rephrases or repeats important information, but that’s a good thing, since Tony misses a thing or two the first time around.

**Preview what you’re going to say and give “sign posts” of where you are in a topic.**
This helps listeners tune in to important information. Tony’s telenurse says, "There are a lot of options for dealing with knee pain besides getting a shot. Let’s just talk about three of them today… Now that we’ve talked about how losing weight will help you in the long run, are you ready to talk about a way people deal with knee pain using a medicine you just rub on your skin?"

**Invite & Normalize Questions**
Listenability also keeps people actively engaged. Every once in a while Tony’s telenurse pauses and encourages him to ask genuine questions. She knows that when she asks, “Do you have any questions?” most patients just say “No.” So she says, “I know I’d have a thousand questions at this point. What are one or two things on your mind right now?”

**Vocal Mechanics**
When the information you’re conveying—say, about ibuprofen dosing—is routine for you, there’s a tendency to speak too quickly and in a monotone voice. Tony’s telenurse clocks in at about 140 words per minute (try timing yourself!) and she compels Tony’s attention by finding a word in every sentence to emphasize (slows down, turns up volume, raises tone). In other words, Tony’s nurse sounds like a real person having a real conversation.

**Bring it to the Bedside**
Listenability is important for telenurses, since they can’t rely on facial expression or gestures to reinforce meanings or watch for patient confusion. But listenability is also essential at the bedside or any face to face encounter when you’re giving people complicated instructions or explaining risks and benefits so the patient can make a treatment decision.
Treating Patients with Listenability

Former Surgeon General Regina Benjamin has said, "What we say does not matter unless our patients are able to understand the information we give them well enough to use it to make good healthcare decisions. Otherwise, we didn't reach them, and that is the same as if we didn't treat them."3

Tony’s initial consult with the orthopedist left him feeling that he was not sitting in the driver’s seat for his own health care decisions. And his leap into the Web’s Wild West made him feel even less in control. He sought advice from friends — one of the most common ways that people get information about health, by the way — but it wasn’t helpful. A telenurse who knew a thing or two about listenability provided the “treatment” that allowed Tony to make informed decisions about his knee pain. When he returned to the orthopedist the next week he deferred the steroid injection and instead requested a prescription for a topical gel the telenurse had described.

And Tony felt good enough about his program to gradually take off some weight. What the telenurse told him about weight and knee pain made sense and gave him the push he needed to stick with a weight loss program.

Verbal interaction with health care professionals (as well as with family and friends) remains a primary information channel for patients and consumers.4 When health care professionals speak in a listenable way, it empowers people to make decisions they can live with.