Available online at www.sciencedirect.com
SciVerse ScienceDirect
The Surgeon, Journal of the Royal Colleges of Surgeons of Edinburgh and Ireland
www.thesurgeon.net

Common maxillofacial terminology: Do our patients understand what we say?

*Radhika Dua**, *Leandros Vassiliou*, *Kathleen Fan*

Department of Oral and Maxillofacial Surgery, King's College Hospital, London SE59RS, UK

ARTICLE INFO

Article history:
Received 29 July 2013
Accepted 22 September 2013
Available online xxx

Keywords:
Oral and maxillofacial
Consent
Patient understanding
Health literacy
Jargon

ABSTRACT

For a patient to make appropriate, informed decisions regarding their medical care, it is vital that the information given to them is complete and comprehensible. We have investigated patients' understanding of commonly used terms in an oral and maxillofacial clinic. To the authors' knowledge, this pertinent subject has not previously been explored for this specialty.

Method: Patients were recruited for this questionnaire-based study in the oral and maxillofacial department out-patient clinics. The questionnaire includes multiple choice questions and 'free text' answers.

Results: All patients were invited to participate and we have shown the results of the 100 consecutive patients who agreed to take part. The 100 patients recruited ranged between the ages of 16 and 75. English was the first language for 76 participants. The term 'mandible' was correctly defined by 37 respondents. Sixty per cent of patients' think that a fracture is a 'crack' and less severe than a broken bone.

Conclusion: Common maxillofacial jargon can easily be misunderstood by patients. It is essential that all clinicians appropriately modify their language during consultations in order to deliver information in a comprehensive manner, to educate patients on their condition and to ensure sensible decision making by patients.

For a patient to make appropriate, informed decisions regarding their medical care, it is vital that the information given to them is complete and comprehensible. Specialist terms, such as those used in the maxillofacial clinics can be confused or misinterpreted by patients. We aimed to identify commonly used terms that patients' may misunderstand to ensure that clinicians provide information that is easily understood.

Method

This questionnaire-based study recruited patients from the age of 16 that attended the maxillofacial out-patient departments at a London teaching hospital between January and March 2012. Patients completed a short questionnaire while waiting for their appointments. Those who consented to participate were asked to answer the questions without aid of other people or use of smart-phones. Patients with poor literacy skills or physical disability were able to have assistance to read the questions and have their answers transcribed. Patient's age, first language and perceived fluency in English was noted. The questionnaire was then split into two sections.

The first section asked participants to correctly define the terms: 'numbness', 'paraesthesia', 'impacted tooth', buried tooth', temperomandibular joint (TMJ)', 'undisplaced fracture'

* *Corresponding author.*
E-mail address: radhika.dua@nhs.net (R. Dua).

1479-666X/$ – see front matter
http://dx.doi.org/10.1016/j.surge.2013.09.009

Please cite this article in press as: Dua R, et al., Common maxillofacial terminology: Do our patients understand what we say?, The Surgeon (2013), http://dx.doi.org/10.1016/j.surge.2013.09.009

and 'displaced fracture. Patients' could select from three possible definitions and 'I don't know'.

The second section asked for written definitions of the terms: 'broken bone', 'fracture', 'mandible', 'bite (also known as occlusion)' and 'plates and screws'. Responses were separated into 'correct', 'almost correct', 'incorrect' or 'gave no answer'.

Results

One hundred patients participated in this study – 53% of which were female. English was identified as the first language for 76% of respondents. Overall, 93% perceived they were fluent in English. Six respondents perceived their fluency in English was 'conversational' and one individual felt their understanding of English was 'basic'. None of the participants who did not speak English as a first language requested the assistance of a translator.

For the multiple choice questions, numbness was correctly identified by 79% of respondents. Using the Chi-squared test, no significant difference ($p > 0.05$) was found between participants who spoke English as a first language (82.9% correct) and those who did not (66.7% correct). Paraesthesia was correctly defined by only 23 participants. The majority (72.4%) of the participants who spoke English as a first language were unable to correctly define this term and 87.5% of non-English speakers were also incorrect. There appeared to be no significant difference in the ability to define 'paraesthesia' based on first language ($p > 0.05$). Fifty five percent of participants correctly defined 'impacted tooth'. This was correctly defined by 57.9% (44/76) of those who spoke English as a first language and 45.8% (11/24) of those who did not, this was also not found to be a significant difference ($p > 0.05$). Buried tooth was correctly identified by 69 respondents. Seventy five percent (57/76) of English speakers and 50% (12/24) non-English speakers correctly defined this term, this was found to be a significant difference ($p = 0.02$). Forty nine individuals were able to define the term 'temperomandibular joint'. Half (38/76) of English speakers and 45.8% (11/24) non-English speakers correctly defined TMJ, again this was not found to be significant ($p > 0.05$). Fifty three participants correctly defined 'displaced fracture'. This was correctly defined by 53.9% (41/76) of English speakers and 25% (6/24) of non-English speakers ($p = 0.01$). Forty eight respondents correctly defined 'undisplaced fracture'. This was correctly defined by 55.3% (42/76) of native speakers and 45.8% (11/24) non-native speakers ($p > 0.05$). The table below depicts the breakdown of the perceived definitions of the above terms (Fig. 1).

Overall, participants who did not speak English as a first language, correctly answered an average of 2.88 of the 7 multiple choice questions, whereas participants who spoke English as a first language answered an average of 4.03 questions correctly ($p = 0.01$).

In the free text answers (see Fig. 2), the terms 'broken bone' and 'fracture' were frequently confused. While 58 respondents correctly defined 'broken bone', only 18 individuals were able to correctly define 'fracture'. A fracture was defined as a 'crack' by 46% of the respondents and 14% indicated that a 'broken bone' was more severe than a 'fracture'. A fracture was thought to indicate soft tissue injury in 26% whereas only 10% felt this to be the case for broken bone. Forty-eight (63.2%) of English speakers and 41.7% (10/24) of non-English speakers correctly defined broken bone ($p > 0.05$). In contrast, 17% (13/76) of English speakers and 20.8% (5/24) non-English speakers defined fracture correctly ($p = 0.04$).

The term 'mandible' was correctly defined by only 37% of respondents while 56% did not provide any answer for this. Of those who did correctly define broken bone, 43.1% (31/76) of those spoke English as a first language compared with 25% (6/24) who spoke English as a second language ($p > 0.05$).

Occlusion was poorly understood by most individuals; 10% defined it correctly, 45% provided no answer, 17% defined it as 'biting into something' and 28% defined it as a jaw relationship

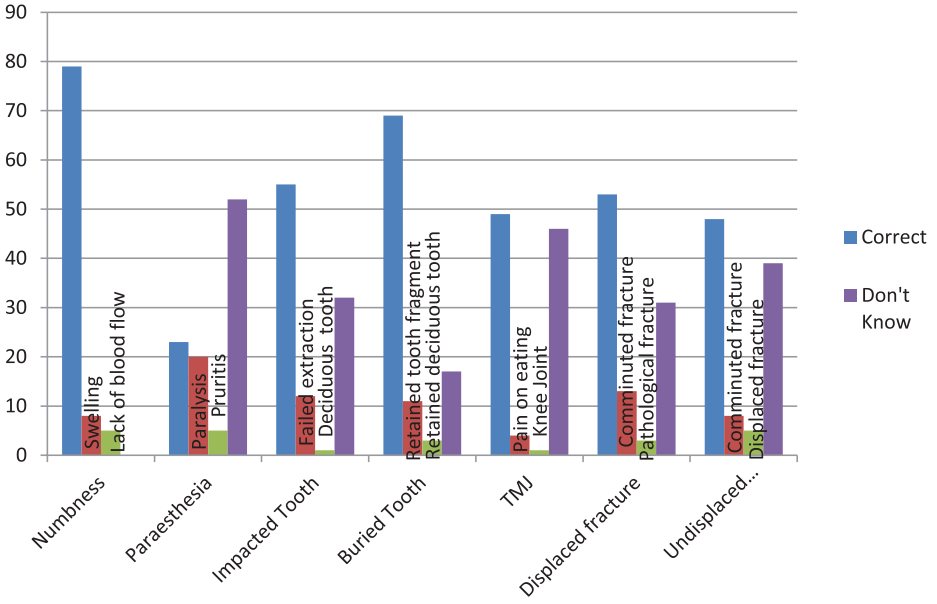

Fig. 1 – Responses to multiple-choice questions.

Please cite this article in press as: Dua R, et al., Common maxillofacial terminology: Do our patients understand what we say?, The Surgeon (2013), http://dx.doi.org/10.1016/j.surge.2013.09.009