is delivered unassembled to the mother’s home. During a home visit in the postpartum period, the resident assists assembling the chair while talking with the mother in a friendly manner about child care and well-being. The resident responds to the mother’s questions, makes assessments of the home environment, and provides recommendations to the mother about early baby care and its effects on physical, mental, and social development (more information about the RCP is posted on www.rockingchairproject.org).

Methods
In this pilot study, we attempted to assess the effectiveness of the RCP by examining changes in scores of the Jefferson Scale of Physician Empathy (JSPE)\(^5,6\) in a pretest-posttest design. The study was approved by the research ethics committee of the AAFP Foundation and the participating residency programs. The residents in the participating programs, on a voluntary basis, completed the JSPE (pretest) online in the summer of 2008 and again in the summer of 2009 (posttest).

Results
Fifty-seven residents from 16 programs completed the pretest, and 18 residents completed the posttest. Thirteen residents identified themselves in the pretests and posttests. Ten of them made home visits, and three did not volunteer to participate. We observed an impressive increase of one standard deviation unit in the scores of the JSPE among the residents doing home visits \((P<.01, \text{by correlated } t \text{ test})\), and a decline in the scores of residents not doing home visits. Eight of the 10 residents doing home visits obtained higher JSPE posttest scores; two had unchanged pretest-posttest scores.

Discussion
Despite the study limitations (sample size, lack of control group), these preliminary results are impressive, suggesting that a single intervention can enhance empathic understanding. These findings encouraged us to design an ongoing 3-year longitudinal study with a larger sample size and inclusion of control groups to examine the short- and long-term outcomes of the RCP.

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Rapid Estimate of Adult Literacy in Medicine: Feasible by Telephone?

To the Editor:
Prior research has demonstrated that health literacy is relevant to patients’ abilities to understand informed consent procedures for medical treatments and clinical research. In preparation for a multi-site study to test simplified approaches to informed consent in clinical research, we assessed the feasibility of administering a widely validated health literacy measure, the Rapid Estimate of Adult Literacy in Medicine (REALM), by telephone. The REALM is a word recognition and pronunciation test in which participants read aloud a list of 66 health and medical-related words to generate a reading grade-level-equivalent score.\(^1\) This test has been validated for in-person administration but not for use by telephone, limiting the study settings in which it can be used.

Methods
To examine the feasibility of telephone administration of the REALM, we recruited participants from an urban outpatient internal medicine clinic serving primarily low- to middle-income individuals of African American descent. Individuals who agreed to participate were escorted to a clinic room with a telephone and study binder containing a laminated REALM instrument (25-point bold Arial font list of the 66 words). Participants were instructed to call a phone number, which was answered by a study team member. Participants’ age, gender, and last grade completed were collected. Participants were asked to open the binder and sequentially read out loud the 66 words on the laminated sheet, consistent with usual methods for administering the REALM. The time required for REALM administration by telephone was recorded. Participants received $5 upon completion. Validated scoring instructions from the in-person version of the REALM were followed. Descriptive statistics and correlations were examined using a Microsoft Access database. The study was approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

Results
Of the 18 individuals approached, 16 agreed to participate. Ten participants (63%) were female; all 16 were African American. The average age was 52 years (range 32–72). Three had less than a
12th grade education, seven had completed high school, and six had some education beyond high school. The average time for the call was 2 minutes (range 2–3 minutes), and the average time to complete the REALM was 1 minute (range 1–2 minutes). The average raw score was 52 (range 0 to 66), corresponding to an average reading level of 7th to 8th grade according to validated REALM scoring. Raw REALM score had a positive correlation with educational attainment (correlation coefficient=0.51) and a weak inverse correlation with age (correlation coefficient=-0.11).

Discussion
These findings suggest the REALM can feasibly be administered by telephone. Study participants were willing to complete the assessment by phone, and no significant logistical obstacles were experienced. Importantly, associations observed between the REALM administered by telephone and educational attainment and age were consistent with those observed for in-person administration of the REALM. The importance of developing new ways of measuring health literacy has been emphasized, and new measures are being created. However, the lack of an objective measure of health literacy that can be administered by telephone has limited the use of health literacy assessments in some research. The sample of participants was limited in this feasibility study and homogenous with respect to race/ethnicity and, as such, our results should be validated with larger and more heterogeneous samples. In addition, the findings do not address the process of remotely recruiting patients for studies. However, results suggest that researchers utilizing telephone-based study designs may be able to incorporate the use by telephone of a widely validated health literacy instrument into their studies, thereby expanding the potential inclusion of this construct.

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