AMERICAN HEALTH CONSULTANTS®

Patient Education Management™

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

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Satisfied patients yield better outcomes, higher revenue

Scrutinize those follow-up surveys

To compete in today's health care market, hospitals and clinics need to be a cut above the competition. Therefore, administrators are placing much more emphasis on patient satisfaction to ensure patients will remain loyal customers. Many facilities hire national satisfaction measurement companies to determine how well they are doing compared to other facilities their size across the nation.

In the battle for customers, patient education plays

EXECUTIVE SUMMARY

Changing trends in health care greatly impact patient education. Managed care, mergers, technology, and a wave of immigrants with different cultural perspectives all have shaped educational programs, materials, and teaching methods. Now, increased competition between health care facilities has brought patient satisfaction to the forefront. Having proof that an educational program improves a patient's health status is no longer enough; patient education managers must show that patients are satisfied. This month, we look at this trend in patient satisfaction and the part that patient education plays.

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COMING IN FUTURE ISSUES

■ Reducing patient errors through improved staff education

■ Education strategies for oncology patients

■ How to develop criteria to document education

a key role. As part of its marketing strategy, the Department of Veterans Affairs (VA) identified several customer service standards, and patient education is one. The patient-focused standard reads: "We will try to provide information and education about your health care that you will understand."

The VA conducts its own satisfaction measurement survey throughout the system and releases the results annually. "Looking at the 2000 survey scores, patient education correlates highly with overall patient satisfaction. We are really seeing the connection," says **Carol Maller**, RN, MS, CHES, patient education coordinator for the New Mexico VA Health Care System in Albuquerque.

To obtain the scores, patients randomly are given the customer satisfaction survey in both the inpatient and outpatient areas. Questions pertaining to patient education include: "Were you involved in decisions about your care as much as you wanted?" and "Did you get as much information about your condition and your treatment as you wanted from the provider?"

Patient education and patient satisfaction are integral, says **Jackie A. Smith**, PhD, project administrator and clinical associate professor at the University of Utah Health Sciences Center in Salt Lake City. Patient education compliance and customer satisfaction are based on whether patients' learning needs are met, and that can be anything from a map to the hospital to detailed information about a restrictive diet.

Also, both depend on whether health care workers are kind, courteous, and available, and treat patients with respect and dignity. When patients are treated well, their ability to absorb the learning increases dramatically, explains Smith. "When you blend patient education and patient satisfaction together, you will have better outcomes in both," she says.

Good patient education has a great impact on patient satisfaction, says **Yvonne Brookes**, RN, patient education liaison for Baptist Health Systems of South Florida in Miami. It's not enough to give people information; they must understand it. "If patients don't have their basic questions answered because a health care worker is too busy, they will be dissatisfied," she says.

Failing to tailor education to the patient's learning preference can cause dissatisfaction, says **Pamela Moore**, MSN, RN, vice president of nursing at Citrus Memorial Hospital in Inverness, FL. Also, patients who are dissatisfied with their care or have other problems such as financial worries are not as ready to receive the education. "They

may not be as satisfied with the education because they aren't as receptive at that point in time," she explains.

Discernment always is warranted due to outside factors that could influence numbers, such as dissatisfaction with the admitting clerk. However, patterns are revealing. To make sense of the data garnered from patient satisfaction surveys, the right question must be asked, says Brookes. "We need specific questions, clearly written to illicit the kind of outcome we want, not vague questions like 'Were the admitting clerks helpful?' Open-ended questions are best because the patient can provide information that is really useful."

Although Baptist Health Systems uses a national satisfaction measurement company, a team is creating a section specific to patient education with permission from the company, which will have four or five questions about education, says Brookes. Some of the questions were too vague and others too negative. "One question asked about complications, and we didn't want the question to be negative from the beginning. We wanted people to assume there wouldn't be complications," says Brookes. That question was changed to: "Were you told what problems to watch for after you went home?"

At the VA in Albuquerque, surveys determined that patients were dissatisfied with education about medication side effects. Yet it did not pinpoint why patients weren't satisfied. It could be because they were given too much information, the information is too sophisticated, they don't know how to individualize it for their particular situation, or they want 24-hour access to side effect information, says Maller.

To determine what strategy to take to improve patient education in this area and therefore boost satisfaction scores, Maller plans to organize focus groups to determine why patients are confused. It's best to implement one strategy at a time rather than six, so it is easy to determine whether the strategy worked, she advises.

Although written surveys frequently are used to measure patient satisfaction, follow-up phone calls to patients after discharge to ask if they have questions often is more useful, says Brookes. Where there is confusion, there is usually dissatisfaction with teaching, she explains. For example, a patient may not know how to take medications safely. Tracking this information might uncover patterns and areas for improvement.

To improve patient satisfaction, be proactive rather than reactive, says Smith. Rather than using data gathered after a program was implemented, gather data up front so the program will fit patients' needs from the moment it is first implemented.

What is certain is that we are in an age where patients are bombarded with information about their health and they often get confused. It is up to the health care industry to take the lead by making patient education an important part of patient care. "People are satisfied when they feel they are in control, and knowledge puts people in control," says Brookes. **(To see how one hospital improved patient satisfaction by giving patients more control through knowledge, see article, below.)** ■

SOURCES

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Newsletter helps patients seize the day

Individualized information a hit

The idea to improve patient satisfaction came to the nurse manager at 2 a.m. one morning when she couldn't sleep. She got out of bed to check her appointment book for the day and thought that patients might like to know what tests or procedures were scheduled on any given day, as well.

Soon, a newsletter was implemented on the unit that she managed. Each newsletter was

SOURCE

For more information on creating a daily informative newsletter for patients, contact:

- **Lisa Oldham,** BSN, RNC, CAN, Nurse Manager, Hackensack University Medical Center, 30 Prospect Ave., Hackensack, NJ 07641. Telephone: (201) 996-2425.

individualized with the patient's appointments for the day so he or she had some control over their time and family members knew when to visit. "The newsletter empowered patients," explains **Lisa Oldham**, BSN, RNC, CAN, nurse manager at Hackensack (NJ) University Medical Center.

It also prompted patient education. The day shift nurse would go over the newsletter with the patient discussing the tests and procedures scheduled for the day and answer any questions the patient had. Because the nurses on night shift had distributed the newsletters at 7 a.m., the patients had time to formulate questions.

The evening staff would review the newsletter with the patient again at the end of the day to answer any questions the patient had after the test and procedures had occurred. "Within a 24-hour period, the patient would have been educated, or his or her education reviewed on every single scheduled test and procedure at least twice," says Oldham.

In addition to the patient's scheduled tests and procedures, the newsletter had important phone numbers the patient might need, such as consumer affairs and the physician on the case. There were several different preprinted sheets that were geared to various conditions so that each newsletter could have some educational information. For example, the cardiac sheet had a heart with its various parts named.

Routinely scheduled events such as lab rounds and meal breaks were printed on the sheets. The night nurses would write the name of the test or procedure and its scheduled time on the sheet by hand. The newsletter was kept by the patient's bedside so nurses could easily make changes during the day.

Although the newsletter was pilot-tested on a new unit, patient satisfaction scores kept increasing during the month it was implemented, says Oldham. Its success prompted the medical center to conduct a pilot test on several units.

If the scores for patient satisfaction on those units are up on the third quarter report from Press, Ganey Associates, a health care satisfaction measurement company based in South Bend, IN, the newsletter will go hospitalwide. The pilot newsletter is professionally designed and printed, unlike the original, which was printed from a computer. ■

Nutrient-dense foods best for seniors

Health problems can inhibit good nutrition

Aging and health problems often go hand and hand. The elderly develop heart disease, diabetes, osteoporosis, arthritis, and other ailments. To stay healthy, seniors need to make every nutrient count.

With the federal health food pyramid as a guide, they must learn to select the foods that are highest in nutrients and lowest in calories so they aren't malnourished or overweight, according to nutrition experts. For example, from the dairy group that might be nonfat milk vs. whole milk.

"It is important for the elderly to eat more nutrient-dense foods because their caloric or energy needs decrease as they get older," explains **Bettye Nowlin**, RD, MPH, FADA, a spokeswoman for the American Dietetic Association in Chicago. At age 20, a person may need 2,500 calories a day and only 1,500 at age 80, yet their body still needs the same vitamins, minerals, and protein.

About 50% of a senior's diet should consist of whole-grain bread, cereals, pastas, and rice. It should include lots of fruits and vegetables that are high in fiber and nutrient-dense, as well as dairy products for calcium. By following the basic guidelines they will be selecting foods naturally low in fat and sugar that adhere to the special diets people with chronic disease, such as congestive heart failure, are asked to follow, say nutrition experts.

Without proper nutrition, many health problems increase, such as osteoporosis. The proper amount of calcium and vitamin D is needed to prevent bone loss. Folic acid and vitamins B-6 and B-12 are needed to help maintain a healthy heart and blood vessels, which help prevent heart attacks and stroke. Good nutrition before and after surgery aids the healing process, as well. Diets high in salt increase hypertension, and seniors often are unaware of hidden sources of salt such as olives and pickles because they do not know how to read food labels, says Nowlin.

Education could help alleviate many barriers to good nutrition preventing seniors from achieving optimal health, the experts say. The barriers education should target include:

• **Physical changes.**

Seniors often have dentures that can cause chewing problems. Therefore, they must learn to select soft foods and chop hard to chew food into small pieces. A decrease in saliva flow can make eating difficult as well, says Nowlin. "Dry mouth impacts chewing and swallowing becomes more difficult especially when eating dry foods like bread," she explains. Drinking water with meals often helps with swallowing.

At age 60, a person's taste and smell begin to decline. Their ability to taste sweetness and salty flavors is particularly effected, and they tend to add more sugar and salt to foods. Therefore, they must learn to make food more appealing and flavorful using herbs and other healthful alternatives, says Nowlin.

• **Drug-nutrient interactions.**

Nutrient deficiencies can occur as a result of taking certain medications that cause the body to secrete certain vitamins and minerals. Also, the absorption of vitamins and minerals can be impacted, says **Wehida Karmally**, MS, RD, an associate research scientist at Columbia Presbyterian Medical Center in New York City, and spokeswoman for the American Dietetic Association. Diuretics can deplete the body's store of calcium, potassium, magnesium, and zinc. Antacids can affect the body's absorption of calcium, iron, zinc, and vitamins B-12, C, and D. Therefore, nutrition counseling is advisable when seniors are taking medications, says Karmally.

• **Difficulty in preparing meals.**

As people age, physical limitations and health problems can limit their physical abilities, making the preparation of meals difficult. The elderly are more likely to have arthritis and osteoporosis, which makes them prone to falling. The effects of Parkinson's disease or a stroke can make it difficult for people to hold items steady.

Therefore, the elderly may need to purchase a stool to sit on while chopping vegetables, allow more time for meal preparation, and arrange their kitchen so that everything is within reach. If utensils are hard to grasp, they can drink soup from a mug and use plates that have a rim so it is easier to push food onto a fork.

If hearing impaired, seniors can purchase a loud timer to keep from burning food or use a microwave or toaster oven rather than the regular oven. If they can't read recipes or cooking instructions, they should purchase a magnifying glass, advises Nowlin.

• **Hydration problems.**

"Sometimes elderly people cannot understand the sensation of thirst, so we have to make sure they are guided on how to include fluids," says Karmally. Telling them to increase their fluid intake is not enough; they must be told how to accomplish this, she says. For example, if they have difficulty getting up and walking to the kitchen for water they could keep a pitcher of water near their chair, or someplace they can see it, as a reminder.

Nutrition is important throughout the life cycle and ideally people should eat well all their lives to prevent many health problems such as heart disease, cancer, high blood pressure, diabetes, and osteoporosis. "People concerned about their health should plan ahead. It is not enough to plan for your financial future, you must plan for your health future, as well," says Karmally. **(For more information on how unhealthy habits can cause problems as people mature, see *Patient Education Management,* November 2000, p. 121.)** ■

SOURCES

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- **Bettye Nowlin**, RD, MPH, FADA, Spokeswoman, American Dietetic Association, 22556 Liberty Bell Road, Calabasas, CA 91302. Telephone: (818) 222-2582. E-mail: pan1995@aol.com.
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Watch for warning signs of poor nutrition

Watch for red flags

There are several warning signs for poor nutrition according to the Chicago-based American Dietetic Association (ADA), says **Wehida Karmally**, MS, RD, an associate research scientist at Columbia Presbyterian Medical Center in New York City and spokeswoman for the ADA. Red flags that could signal poor nutrition among the elderly include:

• an illness or condition that makes the person change the kind or amount of food consumed;
• eats fewer than two meals a day;
• eats few fruits, vegetables, or milk products;
• has tooth or mouth problems that make it difficult to eat;
• not enough money to purchase the food needed;
• eats alone most of the time;
• takes three or more different prescribed or over-the-counter drugs a day;
• not always physically able to shop, cook, or feed oneself;
• lost or gained 10 pounds in the last six months. ■

Tap subconscious mind for behavior change

Help patients break — or make — a habit

The word "hypnosis" often evokes memories of lounge acts where members of the audience quack like ducks on stage under the guidance of the hypnotist. Or we visualize the movie rendition, which entails a swinging watch and someone repeating "You are getting very sleepy."

Yet hypnosis is not sleep nor is it controlling someone. A stage hypnotist simply recognizes those people in the audience who are highly suggestible and uses their natural talents and abilities, explains **Laura Pagano**, CHT, president of Achievement Strategies, a Roswell, GA-based company that provides life-improvement services through hypnotherapy.

EXECUTIVE SUMMARY

As interest in complementary therapy grows, people are asking more questions about how to decide which therapies to use, how to go about finding a qualified practitioner, and what to expect. To help patient education managers keep abreast of the therapies people are asking about and using, *Patient Education Management* periodically covers a specific complementary therapy in depth. This month, we examine hypnotherapy and its use in behavior modification. We will continue to look at complementary and alternative therapies throughout this year.

"Hypnosis is a relaxed, yet aware state where the critical analyzing ability of the conscious mind is bypassed and the subconscious mind is accessible," she says. The conscious area of the mind governs reasoning, logic, and willpower, while the subconscious area handles expectations and associations and has no logic or reason.

Often, people try to change behavior such as smoking by employing the willpower and logic of the conscious mind, which is only 10% of the brain, rather than accessing the subconscious mind to make changes. The subconscious uses 90% of the brain. Because it is the strongest area, it is easier to make lifestyle changes when the subconscious is tapped, says Pagano.

Hypnotherapy is not a magic pill, and it often takes several sessions to change a negative association to a positive one. "Hypnosis is an anchoring process, any belief or idea we have is anchored in our mind," says **Michele Guzy**, DCH, NLP, a hypnotherapist and owner of Personal Growth Unlimited in Encino, CA. Therefore, many people have negative beliefs about themselves that have become anchored, such as the idea that they will never amount to anything. The hypnotherapist helps the person change the negative anchor, or belief, to a positive one.

During hypnotherapy, a person is in a deep state of relaxation. Their conscious mind rests and their subconscious is more pronounced, says **Peggy Arnold**, DCH, a hypnotherapist and owner of Apollo Institute in West Point, UT. "The unconscious mind is where learning takes place and your automatic responses are programmed. People don't have to think about breathing, it happens automatically because of their subconscious mind," she explains.

Hypnotherapy was recognized as a valid treatment by the Chicago-based American Medical Association in 1958. It is not a substitute for counseling or psychology for people with mental problems; however, it is sometimes used in conjunction with other therapies that work with the conscious mind rather than the unconscious mind, says Pagano.

Multitude of uses

"Hypnotherapy is appropriate when a person is motivated to let go of a habit, situation, or mindset in their life. It is appropriate for self-improvement issues and can aid in health and wellness," says Pagano. It should not be used to block pain unless a person has undergone medical testing, because

SOURCES

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pain is a warning signal that something is medically wrong, she says.

Common reasons to seek hypnotherapy include smoking cessation, stress reduction, weight loss, habit control, such as drugs or alcohol, nail biting, bed wetting, motivation, goal setting, sports improvement, sleep problems, anger, and memory fears, such as needles or water.

There are several reasons to use hypnosis, agrees Guzy. There are emotional, physical, mental, and behavioral reasons. "The bottom line is that it is a behavior modification tool," she explains. Hypnotherapy can build self-esteem, deal with worry, and even impact the side effects of chemotherapy for cancer patients.

Rarely does the desired change take place in one session and sometimes maintenance sessions must be done periodically, says Pagano. "Changes are reinforced and best maintained through some amount of repetition," she explains. For example, an emotional event might trigger a person to begin smoking again. However, through repeated hypnotherapy sessions, new associations are accepted and soon the associations that triggered smoking are gone. (**To learn what a typical hypnotherapy session is like, see article, right.)**

When a person decides that hypnotherapy is right, they must take time to choose a hypnotherapist understanding that there is a big difference between hypnotist and hypnotherapist. "A hypnotist is someone who has a working knowledge of hypnosis," says Guzy. Select a hypnotherapist who has been through a year of training, she advises. The Hypnosis Motivation Training Institute and American Institute of Hypnosis, both in Southern California, have longer training programs.

A background in social work or psychology is a plus. Research their previous vocation, how long they have been practicing, where they received their training, and if possible, talk to other clients. "A lot of older schools still teach a shock-induction approach, which is stage hypnotherapy," says Guzy.

Although there currently are no licenses for hypnotherapists, there are a variety of groups that offer certification in hypnotherapy with requirements starting at 50 hours of training. A qualified hypnotherapist should have extensive training with at least 300 classroom hours in a variety of methods and teachings and have hands-on experience, too, says Pagano. "Like every field, the more a person knows, the more practice a person has, the more effective they are," she says. ■

Hypnotherapists value getting to know client

A visit to a hypnotherapist is not the same for everyone, because each hypnotherapist works differently and each client is individual, says **Laura Pagano**, CHT, president of Achievement Strategies, a Roswell, GA-based company that provides life improvement services through hypnotherapy. "There is nothing for the client to do to prepare, except to show up and want to make a change," she says.

An initial session with Pagano lasts two to three hours so that she can determine how a client learns, find out their reason for seeking hypnotherapy, explain and dispel myths about hypnosis, and answer the clients questions before beginning hypnosis. To determine how they learn, she administers a questionnaire that reveals either left-brain or right-brain dominance. She also uses a verbal test to learn how strong their imagination skills are so she knows how to proceed.

"To get someone to go into a hypnotic state, there has to be a stress factor or an anxiety that overloads the mind and allows us into the deeper levels," says **Michele Guzy**, DCH, NLP, a hypnotherapist and owner of Personal Growth Unlimited in Encino, CA. Hypnotherapists use a variety of techniques to create this overload.

When Guzy adds a client, she does a minimum of three sessions once a week because it takes 21 days to break — or create — a habit. She makes audiotapes of the session that they can listen to

repeatedly during the week to help reinforce the new behavior. Much of a session is spent in verbal dialog discussing the issue and gathering background information.

Once the client is in hypnosis, Guzy reinforces what they just talked about by giving him or her anchors and associations that will trigger the desired behavior. "Anchors trigger a thought, feeling, or behavior in your mind. For sports, an anchor might be hitting the ball perfectly or catching the ball exactly as you want to catch it." ■

Reader Questions

When asked, be prepared to share — or not

Liability is a big factor

Question: "What do you do when you are asked to share your patient education materials with other hospitals, physicians' offices, and outpatient clinics? Do you have a policy in place for such requests and what does it include? For example, how do you handle revisions when clinical information changes?"

Answer: Although there is no formal policy at The Ohio State University (OSU) Medical Center, all patient education materials are available to affiliates via the Intranet. Agencies outside the OSU system are asked to submit a request in writing.

"Our 'informal policy' is to inform the person requesting the material that it can be obtained off our Internet site (www.osumedcenter.edu), and they can use it with our name without copyright infringement," says **Sandra Cornett**, RN, PhD, program manager for consumer health education at the medical center in Columbus.

If the facility requesting the material wishes to use its own logo on a handout, it can do so for $25; however, the copyright remains in Ohio State's name. If the content is modified, the changes must be sent to the patient education office for review. "I determine if the handout was changed enough to no longer be ours, or if they should write 'modified with permission' at the bottom," says Cornett.

Great Plains Regional Medical Center in North Platte, NE, has no written policy either, yet facilities that refer patients generally are given educational handouts upon request. "I feel it's just all part of the continuum of care," says **Barb Petersen**, RN, patient education coordinator. Requests coming from facilities that do not refer patients are frequently given the materials if they are researching and/or updating their own publication and looking to other facilities for examples, she says.

As a publicly funded health system, the 1,100 written materials inventoried at the University of Miami Medical Center are available to any facility that wants them. The material is copyrighted so credit must be given if handouts are republished.

Over 40 low-literacy educational pieces are available on the health system's Web site listed under the "Plain English Library of Medical Information." "The site is very heavily used because there is not much low-literacy information on the Web," says **Sharon Sweeting**, MS, RD, LD, CDE, patient and family education coordinator at Jackson Health System/University of Miami Medical Center.

All materials developed at Fairview-University Medical Center in Minneapolis are shared with any of the hospitals or clinics within its health system, says **Nancy Goldstein**, MPH, manger of patient education at Masonic Cancer Center's Front Door, also in Minneapolis. Also, clean, original copies are provided to any facility that refers patients. "They are welcome to make as many copies as needed for the patients who will be coming to our hospital."

For facilities outside its system, there is a catalogue listing materials that are available. There is a charge for materials to help recoup the printing and shipping cost, which ranges from 10 cents per copy for simple one-page instruction sheets to $15 for extensive manuals such as those for organ transplant patients.

If the organization wants to make changes in the content, a contract is signed in which Fairview withdraws permission to use its name in the booklet. "We don't want to be held responsible for or associated with a protocol that is not used or recommended by our facility," says Goldstein. In those instances, the medical center negotiates a one-time fee and provides a clean, original copy.

People who purchase a handout from The Ohio State University Medical Center must sign a paper with a disclaimer that states that OSU is not liable for the content. A disclaimer is on the Web site to cover any material that might be downloaded, says Cornett.

The drawback to allowing other facilities to use your materials is that they might alter them

SOURCES

For more information about sharing educational materials with other facilities, contact:

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in a way that is not suitable, says **Linda Kocent**, RN, MSN, coordinator, patient-family education at Children's Hospital of Philadelphia. "Families might think the revised document is endorsed by Children's Hospital."

There are other drawbacks in addition to liability. It often takes weeks and even months to create a pamphlet and it is difficult to just hand the material to someone at another facility. Yet in the long run, it generally pays off. "I had a request for some patient education multidisciplinary forms from another facility. As I had taken a lot of time to gather this information, it was very tough to just hand it off. However, I did. A few months later, I was in need of some examples of materials and they were more than willing to return the favor," says Petersen.

Also, it is difficult to recoup the cost for developing materials, says Cornett. She estimated how much it costs to develop materials at OSU Medical Center including the author's time, review time, formatting, illustrations, and of course her time and it came to over $70 per page.

It is difficult to recoup the cost, but OSU does insist on credit for both copy and illustrations, even if the illustrations are the only part of the pamphlet that is used. "I want credit for the illustration at the bottom," says Cornett. A drawback of sharing materials via the World Wide Web is that agencies can download material from the Web and put their name on it without permission or paying the $25 fee requested by OSU, which is copyright infringement.

Once material is obtained by another facility it is up to them to make sure they keep the information current, says Kocent. "We change our materials often to keep up with changes in practice and research. We could not possibly keep up with who was given what and whether they need the change."

Materials are frequently revised at OSU Medical Center as well, although the standard states that each piece will be revised every five years. The materials are updated on the Intranet and Internet as revisions are completed. "If an agency has modified or used a handout, I let them know that we are constantly updating the content of our materials and they need to take the responsibility to make the information current or take the most current revision from the Internet," says Cornett.

Materials at Fairview-University Medical Center are reviewed and updated annually, but organizations that purchase items from the health care system are not notified. It is each facility's responsibility to check back for updates, says Goldstein. ■

GUEST COLUMN

Make lessons easier to digest for kids

By **Kathy Ordelt**, RN
Patient & Family Education Coordinator
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Atlanta

When providing medical care for children, much of our patient education efforts are directed toward adult caregivers. However, it is also very important to include the child in our

SOURCE

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teaching whenever appropriate. Knowledge of child development stages can help us make the most of our teaching and care. **(See chart, inserted in this issue.)** Children move through these stages at individual rates and may show traits of two different stages simultaneously.

Some general guidelines to use during teaching encounters with children include:

• **Ask and listen.**

Assess what the child knows already. Ask, "Why are you in the hospital?" rather than "What's wrong with you?"

• **Be honest and gain trust.**

Don't promise things that you can't deliver.

• **Create an active role for a child when teaching.**

Children, like adults, do well with "hands-on" learning. Use dolls, books, games, medical kits, and "safe" equipment.

• **Remember to "time" your teaching.**

— Teach toddlers shortly before an event or procedure.

— Teach preschool and young children one to two days before the event.

— Teach school-age children three to seven days in advance.

— Teach teens as soon as possible to give them time to mentally prepare and gain control.

• **Give the child realistic choices, if possible.**

Choices help a child gain a sense of control with his or her illness or hospitalization. Ask, "Do you want to take your medicine with juice or milk?" However, if choice isn't an option, don't give one.

• **Teach and prepare the child's caregivers.**

When possible, prepare caregivers ahead of time and give them ideas about how they can support and help their child.

• **Praise a child for his cooperation or help.**

Be specific in praise and avoid saying "Good boy." Instead, say: "I like the way you held the tape for your dressing change." Let him pick from a "prize box" when you're done teaching as a reward for his help.

• **Evaluate learning by asking a child for feedback.**

In their own words, have children "teach" you when they've learned a new concept. ■

Web site offers compliance improvement tools

Prevent costly delays and failures

According to the Dallas-based American Heart Association, failure to follow a physician's advice can delay recovery from illness, increase medical costs, and heighten risk for certain conditions such as cardiovascular disease. That's why the association has added a new section to its Web site that provides tools for health care professionals and consumers to aid compliance.

"One of the main things professionals have been asking for are tools they can use in clinical practice to help patients self-monitor their compliance and their behaviors. That is why the American Heart Association (AHA) decided to take on this particular site," says **Nancy Houston-Miller**, BSN, RN, director of the Stanford Cardiac Rehabilitation Program at Stanford Medical Center in Palo Alto, CA, and head of a task force on patient education for the association.

The site is divided into two areas. The consumer area has information, tools, and tips on following appropriate professional advice about medications, diet, and exercise. The professional area provides tools to help patients comply with a physician's treatment recommendations. The consumer and professional sites include the following information:

• **Professional area.**

— **Physician's tool kit.**

Includes AHA Cardiovascular Disease Guidelines, a patient tracking form for the chart, a compliance brochure, tip sheet on increasing patient compliance, and heart-healthy diet references.

— **Patient information sheets.**

These sheets, which are available on the Web site, provide information on a variety of risk factors including smoking, high blood pressure, cholesterol, physical activity, nutrition and weight management, medicines, and diabetes. They include space for individualized patient recommendations and some have charts so patients can track their progress. For example, the physical activity sheet

SOURCE

For more information about the American Heart Association's compliance Web site, contact:

- **American Heart Association**, 7272 Greenville Ave., Dallas, TX 75231-4596. Telephone: (800) 242-8721. Web site: www.americanheart.org/CAP.

offers suggestions for developing a plan for exercise and tips on how to make the necessary lifestyle changes such as setting specific and realistic goals. It also has a chart to track exercise so the patient can determine if he or she is meeting their goals and information on how to determine your target heart rate to get the most from the exercise program.

— **Compliance challenge.**

To help develop a team effort, both patients and physicians can take a compliance quiz during an office visit and then sign a compliance pledge.

The physicians quiz includes such "yes" and "no" questions as: "When it comes to developing a health regimen, I involve my patients in the decision, getting their input on prescriptions, diet, and exercise changes," and "Whenever I make diet recommendations, I carefully explain why the changes are important. I also suggest what foods and cooking methods to avoid and new things to try."

The patient's compliance quiz includes such questions as: "Have you ever been confused about what [medication] side effects to expect and what to do?" and "Are you confused about what type of exercise you should be doing?"

More patient autonomy

- **Consumer area.**

— **Records to increase compliance.**

Patients can print charts to help track medications, blood pressure, cholesterol, physical activity, food intake, and weight management. The charts are designed to help patients develop better daily habits. For example, the cholesterol compliance chart explains what cholesterol levels mean, and provides a section for tracking blood cholesterol level, HDL-cholesterol level, LDL-cholesterol level, and triglyceride level.

— **Health risk awareness quiz.**

This quiz is designed to help people understand their personal heart health challenges and identify risk factors. Risk factors include less than 30 minutes of physical activity on most days and being 20 pounds or more overweight for a person's height and build.

— **Lifestyle information.**

These educational sheets provide tips on such lifestyle issues as nutrition, physical activity, and smoking. For example, tips for handling the urge to smoke include: "Change your habits. Instead of having a cigarette after dinner, brush your teeth or walk the dog," and "Write down the reasons why you quit and look at the list often."

— **Medication checkup.**

This section gives patients advice on what to do when they are confused about how to take their medications and what they are for. ■

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NEWS BRIEFS

NEI advises educational outreach for glaucoma

Millions of Americans are at risk of losing their eyesight to glaucoma, a leading cause of blindness in the United States. At higher risk for developing glaucoma are Blacks over age 40, everyone over age 60, and people with a family history of the disease. During Glaucoma Awareness Month in January, health professionals are encouraged by the Bethesda, MD-based National Eye Institute (NEI) to provide information to those who are at higher risk.

The NEI has a free Glaucoma Community Education Kit that contains a variety of resources and materials that can be used to plan and conduct successful outreach activities. To request a guide, contact: National Eye Institute, National Institutes of Health, National Eye Health Education Program, 2020 Vision Place, Bethesda, MD 20892-3655. Telephone: (800) 869-2020. Web site: www.nei.nih.gov. ▼

Posters designed to educate on needle safety

More than 86% of the annual 1 million needle and sharp instrument injuries in the clinical setting can be prevented by increased caution in needle handling and a wider use of safety devices, according to the Atlanta-based Centers for Disease Control and Prevention. Therefore, Keene, NH-based SIMS Portex produced a series of posters to motivate health care workers at risk of occupational exposure to bloodborne pathogens to concentrate on needle and sharp instrument safety.

The poster series is available from SIMS Portex, at no cost to clinical workplaces. To obtain copies, contact a company representative at SIMS Portex, 10 Bowman Drive, P.O. Box 0724, Keene, NH 03431. Telephone: (800) 258-5361, ext. 332. Telephone: (603) 352-3812. Fax: (603) 352-3703. ■

CE objectives

After reading *Patient Education Management*, health professionals will be able to:

- identify management, clinical, educational, and financial issues relevant to patient education;
- explain how those issues impact health care educators and patients;
- describe practical ways to solve problems that care providers commonly encounter in their daily activities;
- develop or adapt patient education programs based on existing programs from other facilities. ■

Focus on Pediatrics
PATIENT EDUCATION MANAGEMENT'S MONTHLY SUPPLEMENT

Bits and pieces of programs can work best

After-school program makes learning fun

Cookie-cutter programs don't always work. That's why institutions that use them need to be able to tweak the activities and curriculum to fit the people they serve. The Columbus, OH, chapter of the Atlanta-based Boys & Girls Clubs of America is a good example of how organizations can tailor curriculum to meet the needs of the children in the community. The Columbus chapter incorporates facets of the Smart Moves program, designed to prevent drug, alcohol, and tobacco abuse, into the routine daily activities offered to the children who come to the club after school.

"We have implemented some crafts, games, and activities that are related to drug and alcohol prevention because it is after school, and the kids have been sitting all day listening to teachers. They don't want to be confined to a room listening to a lecture even if activities are involved," says **Molly Frank**, LSW, prevention coordinator with the Boys & Girls Clubs of Columbus.

Frank sets up the activities in the game room at the club, which is the area that garners the most foot traffic. Each month, the focus of the activities is on a different drug, such as alcohol, tobacco, or marijuana. The games include word puzzles and word searches that teach children what a particular drug does to their body, the effects of a drug, and the slang terms used for the drug so that kids will be street-smart.

While some of the activities come from the Smart Moves curriculum, others come from such sources as magazines or the Web. "I try to find fun ways to get facts across to them," says Frank.

Often, Frank includes activities such as a craft that is not related to drug and alcohol prevention. This provides a nonthreatening environment that makes it easier for children to simply talk about the pressures of the environment in which they live.

Although it is each child's choice on whether to participate in the prevention games, Frank uses an incentive program to draw participants. Each time a child takes part in one of the drug, alcohol, or tobacco prevention activities, he or she receives a star. Once children have accumulated a certain number of stars, they can redeem them for a prize. For example, ten stars earns a child a bag of chips and a soda, and 15 stars a notebook. The more stars, the better the prize. Children can even earn enough stars to be eligible for one of the club's field trips.

The Smart Moves program, which runs for 10 weeks, has been implemented at the Boys & Girls Clubs of Columbus a couple of times. However, it has worked best when used in collaboration with the local schools in community outreach efforts. The curriculum is divided into three age groups that include:

- **Smart Kids — ages 6 to 9.**

This program offers an introduction to alcohol, tobacco, and other drugs. A lot of time is spent on helping children learn healthy habits, such as washing their hands. Social skills and problem solving also are taught, and children receive training in how to resist peer pressure.

- **Start Smart — ages 10 to 12.**

Curriculum for this age group is similar to the 6- to 9-year-olds only a little more in depth.

- **Stay Smart — ages 13 to 15.**

"With this age group, we focus more on what drugs, alcohol and tobacco do to your body," says Frank. Sex education also is introduced to this age group with discussion on pregnancy prevention. Lessons on how the media manipulates people through advertising also is key with this age group by spending time evaluating ads.

"The program helps kids understand what good health is, the damage alcohol, drugs, and tobacco can do to their bodies, and teaches them skills to avoid using them," says Frank. ■

SOURCE

For more information on tailoring programs to meet community needs, contact:

- **Molly Frank**, LSW, Prevention Program Coordinator, Boys & Girls Clubs of Columbus, S. Gift St., Columbus, OH 43215. Telephone: (614) 221-8830. E-mail: mfrankbgcc@aol.com.

Sickle cell disease prompts extensive education

Parents need to know what to look for

Sickle cell disease is genetic, yet often parents do not know that they are carriers of the disease until they have a child who has it, says **Robin Pitts**, MN, C-FNP, a sickle cell nurse practitioner at Children's Healthcare of Atlanta. Thus, education often begins at ground zero. "We spend a lot of time explaining the probability of offspring having the disease based upon the disease state of the parents," she says.

When two people have the sickle cell trait or gene, they can produce a child with sickle cell disease. Sickle cell disease affects red blood cells, making them hard and pointed rather than soft and round. Sickle cells cause anemia, pain episodes, and other medical problems.

Children with sickle cell are at risk for infection due to an impaired immune system; therefore, parents must be taught when to call their physician. This includes any time the child has a fever above 101° F. Other symptoms include: lethargy, pale, not eating, having nausea/vomiting, experiencing a pain crisis not relieved by oral medications at home, or any change in their routine behavior, says Pitts.

When a child is left at day care or goes to a friend's house, a responsible adult must be told what to look for, says **Jackie George**, MPH, a counselor at the Sickle Cell Foundation of Georgia in Atlanta. Parents must learn how to help the child live with the disease. For example, because of circulation problems, the child may need to carry a sweater to wear in air-conditioned stores during the summer. "The best thing for parents of a child with sickle cell disease is education, says George.

She advises parents to keep a diary of the child's pain episodes so if they have to go to the emergency department, the information is in writing. The child's medications should be listed in the diary as well, says George.

Parents should also know their child's baseline hemoglobin level. Because hemoglobin levels vary greatly depending on disease state, illness, and the individual child, there are no normal levels, says Pitts. Therefore, parents are instructed to follow their child's result with each clinic visit.

Managing pain is another important part of the education process. "It is vitally important for the children to stay well hydrated because this decreases blood viscosity and helps prevent vaso-occlusive crisis (VOC). VOC occurs when the sickle-shaped cells clump together and are unable to deliver oxygen effectively, thus causing tissue ischemia," explains Pitts.

Parents are taught that when the child complains of pain, they should begin administering pain medication around the clock, alternating Tylenol with Motrin every two hours. At these times, they also know to increase fluid intake as well as use massage and heat on the affected area. If the pain can't be controlled, the child must see a physician.

Getting the word out

To help more people learn about sickle cell disease, the Sickle Cell Foundation of Georgia travels to middle and high schools to provide education and conduct screenings. Its health educator speaks to the children at assemblies or in classrooms to explain that sickle cell disease is a hereditary disorder; and it is important that when they decide to have children, that both they and their mate be tested. "We want them to be aware and educated so they can make an informed decision," says **Beverly Sinclair**, health educator for the Sickle Cell Foundation. To be tested, the children must have a consent form from their parents.

When a child with sickle cell disease is born, Pitts spends a lot of time explaining the probability of other children having the disease based on their disease state. If the parents do not know their disease state, a hemoglobin electrophoresis is performed to check it. This lab test measures and quantifies the different types of hemoglobin present in the blood by measuring the electrical charge of the hemoglobin molecule, says Pitts. "It is the definitive test to use to diagnose sickle cell disease," she says. ■

SOURCES

For more information on educating parents about sickle cell disease, contact:

- **Jackie George**, MPH, Counselor, and **Beverly Sinclair**, Health Educator, Sickle Cell Foundation of Georgia, 2391 Benjamin Mays Dr. S.W., Atlanta, GA. Telephone: (404) 755-1641. Web: www.sicklecellatlaga.org.
- **Robin Pitts**, MN, C-FNP, Sickle Cell Nurse Practitioner, Children's Healthcare of Atlanta, 1001 Johnson Ferry Road N.E., Atlanta, GA 30342.

Teaching Tips for Developmental Stages

Developmental traits	Teaching tips
Infants and Toddlers	
Fears strangers and separation from caregiver	Allow the child to sit in his or her caregiver's lap and hold onto a security item from home when possible.
Concrete thinking — learns through sensory information and actions	Explain information with simple, nonthreatening language and information and teach using sensory information (what the child will smell, taste, feel, see, and hear).
Perceives pain as punishment — fears needles, pain and bodily harm	Use "soft" words such as "This will feel warm" instead of "This will burn" to help reduce fears and anxiety. Be truthful about pain and use words the child normally uses, such as "hurt, owie, or boo-boo."

Developmental traits	Teaching tips
Preschoolers	
Self-centered, unable to understand another point of view	Don't rationalize or attempt to gain understanding. Use simple words the child is familiar with and offer a choice when possible.
Engages in fantasies and magical thinking	Simple, honest explanations can help eliminate fantasies that are often worse than the actual event.
Views pain and illness as punishment for misbehaving Fears pain and bodily mutilation	Reassure the child that he has not done something wrong or caused his illness by misbehaving. Use "soft" words such as "This will feel warm" instead of "This will burn" to help reduce fear and anxiety.
Has a literal understanding of words	Explain medical words in terms the child can understand. (For instance, the word stretcher may imply a machine that is going to "stretch" the child — use the term "bed with wheels" instead.
Uses play to express him/herself	Teach using sensory information (what the child will smell, taste, feel, see and hear). Say "I'm going to clean your arm. The soap may smell funny and will feel cool and wet." Use "play" to teach when possible.

Developmental traits	Teaching tips
School age	
Attempts to be independent and autonomous, seeks information	Outline expectations and offer the child "a job" they can help with. Say, "It's OK to look away and cry, but your job is to hold your arm very still."
Thinking is still concrete, but children at this age can use logic and reason; can sequence and follow rules; can understand cause and effect	Use concrete terms and concepts, but begin using correct medical terms. Continue to use sensory information to describe events. Provide a simple reason for cares. Offer a plan and provide a time frame, Provide information about actions and responses. Say "If you take this medicine with a glass of milk, you can keep your stomach from hurting."
Fears bodily injury, mutilation, and death; passively accepts pain	Talk with the child about his or her concerns, be honest and address his or her fantasies and fears. Provide time to "get ready" for procedures.
Developmental traits	**Teaching tips**
Adolescents	
Interested in and self-conscious about his body; appears egocentric; works hard to establish an identity	Explain how tests and procedures might affect his or her body image. Provide detail and use correct medical terms. Teach only what's relevant for him or her. Give him or her a reason to learn "What's in it for me?"
Can think abstractly	Teach him why compliance is important.
Places a high value on socialization and opinions of his or her peers	Stress his role in managing his illness and health.
Fears dependence, loss of privacy, loss of control, "being different"	Promote peer support and contacts. Be honest; establish trust. Provide time away from parents and caregivers. Knock before entering his or her room. Provide realistic choices, include him or her in decisions.

Source: Kathy Ordelt, Children's Healthcare of Atlanta.