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Patient Education Management™

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

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Elusive cancer-related fatigue is easy to conquer with the right education

Awareness, causes, and assessment are key

Awareness of cancer-related fatigue is the first step to managing its symptoms, according to experts. Medical staff, cancer patients, and the general public need to know that it might impact from between 75% to 90% of the cancer population and should be assessed, says **Marnie McHale**, RN, MS, AOCN, manager of community relations at the Robert H. Lurie Comprehensive Cancer Center at Northwestern University in Chicago.

EXECUTIVE SUMMARY

Symptoms caused by medical conditions can greatly impact the quality of life of patients. Often they suffer in silence, thinking that nothing can be done; yet frequently, patients can be taught ways to manage their symptoms. In part one of a series on education's impact on symptom management, *Patient Education Management* addresses cancer-related fatigue. In spite of the debilitating effect it has on most cancer patients, health care professionals only recently began to address how to manage fatigue. Next month, *PEM* will cover educational methods for managing chronic pain.

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COMING IN FUTURE ISSUES

- Targeting summer safety issues with education
- Analyzing the impact of technology on patient education
- Addressing hearing loss and the elderly
- Culture specific education programs that work
- Impacting domestic violence through education

"It is almost a universal side effect when a person is on active cancer treatment such as chemotherapy or radiation. It is a rarity when they don't experience fatigue," she says. **(To learn more about educational resources, see source box at the end of this article.)**

Most people think of fatigue from a physical standpoint not realizing that symptoms can be cognitive, emotional, and social as well; therefore, they fail to recognize it and seek help, says McHale. Patients and health care workers need to learn the four major areas where symptoms might be identified. Physically, people often report a total body tiredness with lack of strength in their arms and legs. For example, they may not have the strength to lift a toothbrush.

Cognitively, they may experience difficulty in retaining information, making decisions, or solving problems. "They feel like their brain is fogged up by the cancer treatment they are receiving," explains McHale. At an emotional level, fatigue can result in irritability, impatience, sadness, anxiety, and depression. Fatigue also can impact people socially, causing them to withdraw or pull back from their relationships because they don't have the energy to enjoy the company of others.

It's important to help patients address the symptoms of fatigue caused by cancer and its treatment because it affects the whole person and can greatly impact quality of life. It can impede the healing process in many ways, says **Susan Scritchfield**, MA, MSW, LISW, coordinator of consumer health education at the James Cancer Hospital and Solove Research Institute in Columbus, OH.

Although fatigue has a high impact on the functional well-being of an individual and leads to emotional distress, it is very underreported. "Often, fatigue can be mistakenly diagnosed as one of its outcomes — depression — unless it is carefully explored," says Scritchfield.

The best tool to combat fatigue is education of health care providers and their patients, says **Andrea M. Barsevick**, DNSc, RN, AOCN, director of nursing research and education at Fox Chase Cancer Center in Philadelphia. "One of the things our patients tell us when we interview them is they don't want to tell their health care providers they are fatigued because they are worried they will cut back on their treatment," she says. Also, patients worry that the fatigue is a sign their cancer is progressing and they don't want to face that possibility, or that the fatigue isn't really that important.

In an effort to allay some of the fears, it might be best to educate patients about what to expect,

especially when the fatigue is treatment-related, says Barsevick. Let them know when they might experience the fatigue and what the pattern is likely to be. "We know that patients adapt much better if they can get information up front in a preparatory kind of way instead of having to discover it themselves through trial and error," she explains.

To help educate patients about cancer fatigue and how to identify it, an interdisciplinary group at the James Cancer Hospital and Solove Research Institute created a pamphlet, which provides ideas for self-assessment. In addition, it gives many different interventions patients experiencing cancer-related fatigue might try to improve their quality of life, says **Molly Moran**, MS, RN, CS, a hematology / medical oncology clinical nurse specialist at the hospital.

For example, have patients keep a log to determine what activities might sap their strength or identify the time of day they have the least energy so they can plan accordingly. **(For information about the steps that should be taken to help cancer patients address their fatigue, see article on p. 16.)**

Determining which intervention works best

While many interventions currently are being used, research has not yet proven whether they are effective. Barsevick is conducting a study on energy conservation and activity management to determine if there is any reduction in fatigue or improvement of quality of life as a result. To help patients best plan the use of their energy resources to minimize the effect of fatigue on their life, they are asked to keep a diary for one week. In the diary, they note when they are the most and the least fatigued and what symptoms they are having.

"At the end of the week, we help them plan a schedule that makes sense based on their energy levels," says Barsevick. They are taught to prioritize activities, delegate to others, and how to be the most active at the times they have peak energy.

Often, physicians and nurses tell patients who complain of fatigue to cut back on activities and prioritize tasks. "We have no clue if it is helpful to patients; so that is one reason why we are evaluating it in this research," says Barsevick.

Anna Schwartz, PhD, ARNP, associate professor at Oregon Health Sciences University School of Nursing in Portland, has found that low-intensity to moderate exercise can help to manage

SOURCES AND RESOURCES

For additional information about educating people about cancer-related fatigue, contact:

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- **Susan Scritchfield**, MA, MSW, LISW, Coordinator, Consumer Health Education, James Cancer Hospital and Solove Research Institute, Nursing Staff Development and Patient Education, Room 004, 300 W. 10th Ave., Columbus, OH 43210. Telephone: (614) 293-3259. E-mail: scritchfield_1@medctr.osu.edu.

For additional information on cancer fatigue contact:

- **National Comprehensive Cancer Network (NCCN)**, 50 Huntingdon Pike, Suite 200, Rockledge, PA 19046. Telephone: (215) 728-4788. Fax: (215) 728-3877. Web: www.nccn.org.

A set of copyrighted guidelines for managing cancer-related fatigue established by the NCCN can be obtained by sending a written request with your name, organization, complete mailing address, telephone number, and information on how you intend to use the guidelines to:

- **Oncology Nursing Society**, 501 Holiday Drive, Pittsburgh, PA 15220-2749. Telephone: (412) 921-7373. Fax: (412) 921-6565. Web: www.ons.org. Helps sponsor cancer fatigue-related site. Web: www.cancerfatigue.org.
- **National Cancer Fatigue Awareness Day**, April 5, 2001. This educational event, sponsored by the Oncology Nursing Society, was created to increase awareness of cancer fatigue. Order a free planning kit from the Oncology Nursing Society by calling (412) 921-7373.

cancer-related fatigue. "Exercise is kind of counterintuitive; they think that if they are tired, they shouldn't exercise because it will make them more tired. What we found consistently — not only in my research — but research by others in this country and in Europe, is that exercise actually did give them more energy and reduces their fatigue," says Schwartz.

The research also determined that cancer patients who don't exercise have a chaotic fatigue pattern, making it difficult to manage. Those who exercise have a much more orderly pattern to their fatigue.

Schwartz helps patients create an exercise program according to their fitness level, making adjustments to the intensity at the times they will be receiving chemotherapy. "The message they get from many physicians is to go home and rest; and what we are clearly learning is that is the wrong thing to be telling patients. They get very debilitated from that; and if they get another illness, they don't have as much reserve to combat it," she says. ■

Use pain as model to assess fatigue

Variety of interventions address symptoms' causes

There is no formula for treating cancer-related fatigue because there are multiple causes for the symptoms. These include the cancer itself, the treatment for the disease such as chemotherapy, radiation therapy and surgery, quality of sleep or nutrition, prescribed medications, and pre-existing conditions such as heart disease or diabetes.

Therefore, it is important for health care professionals to assess each patient experiencing fatigue to determine a strategy to help combat it and improve the patient's quality of life. "We have learned a lot about how to manage pain, and we could use pain as the model for tackling this symptom," says **Grace Dean**, RN, MSN, a research specialist at City of Hope National Medical Center in Duarte, CA. With pain management, patients are asked to rate their pain on a scale of one to 10, and this same method can be used to rate cancer fatigue.

If patients are experiencing mild fatigue of three or less, they might be given some energy conservation tips, such as delegating tasks to save energy, and information on balancing rest and activity. If the fatigue were rated at four or higher, patients would receive a complete physical along with a focused history to uncover possible causes.

The history would include such questions as, "When did your fatigue start?" "Patients might learn that they are fatigued right after chemotherapy, and a week later, they are feeling better and can do more so they can plan for those variances," says Dean.

Factors result from cause and effect

There are certain factors that are a direct cause and effect of fatigue, such as anemia. When there is a medical problem, it could be managed properly to increase a patient's stamina. For emotional distress, patients might be referred to a social worker or counselor.

At the James Cancer Hospital and Solove Research Institute in Columbus, OH, an interdisciplinary group decided to use "PQRST" to assess patients for fatigue, says **Molly Moran**, MS, RN, CS, a hematology / medical oncology clinical nurse specialist at the medical facility. **(See editor's note, below, regarding the PQRST technique.)**

"PQRST" involves asking patients the following questions:

- **P (provoke).** What provokes the symptoms, or makes them better or worse?
- **Q (quality).** What is the quality or level of the symptoms that you are experiencing?
- **R (regional).** Is the fatigue regional, general, or mental?
- **S (severity).** On a scale of zero to 10, how do you rate the fatigue?
- **T (timing).** When did you first notice the fatigue, and how long have you experienced it?

A good assessment will help health care professionals at the facility determine appropriate interventions, says Moran. These might include a consult with a dietitian; suggested complementary therapies such as guided imagery, biofeedback, or aromatherapy; or restorative activities that revive a person, such as bird watching or reading books.

[Editor's note: The PQRST assessment tool selected by the team was adapted from Health Assessment & Physical Examination *by Mary Ellen Zator Estes, Delmar Publishers, New York City, which was published in 1998. The publication costs $72.95, and can be ordered by calling toll free: (800) 347-7707.]* ■

'Only human' is no excuse for medication mistakes

Goal toward zero tolerance desirable

A year ago, a report issued by a federal advisory panel reported that up to 98,000 people die each year in the United States from preventable medical errors. About 7,000 of those deaths were due to medication mistakes. The announcement was not a surprise to many who work in the field of medicine; in fact most health care facilities have been diligently working on correcting the problem.

"We don't just count the number, we have a zero tolerance for all medication errors, and try to look at why it happened and remove the possibility of it ever happening again," says **Debra Hollenberg**, MSN, quality manager in the nursing division at New York Presbyterian Hospital in New York City. To avoid errors, education of both staff and patients is needed, she says.

Analyzing the data on inpatient medication errors, Hollenberg determined that at her institution, about a quarter are physician-related with the medication order written incorrectly, another 25% are pharmacy errors, and about 50% are errors in the administration of the medications.

To help prevent human errors, New York Presbyterian Hospital began to embrace technological solutions; but with the conversion came the need for staff training. New systems implemented include computerized order entry and automated medication dispensing. The order entry system has built-in physician alerts that flash warnings when there is a problem.

For example, the patient may be allergic to the medication, or the dose may be too high for the patient's weight. It also eliminates errors made when the order is transcribed onto the medication record because it automatically transfers to a computerized record.

The automated dispensing system contains patient profiles, and will not dispense the medication for a patient unless pharmacy reviews the order. Automated dispensing systems, physician order entry and computerized medication records have reduced medication errors by 50% since 1996, says Hollenberg. However, she believes that patients and family members need to be proactive and learn what medications have been prescribed so that they can make sure they are taking the right ones.

Following a study at Northwestern Memorial Hospital in Chicago, pharmacists are being asked to go on rounds with a medication error prevention mindset. "The study showed that if a pharmacist goes on rounds, we could reduce errors and the duration of errors by at least half," says **Michael Fotis**, RPH, manager of drug information at the pharmacy.

During the study, one group of patients received usual care, while a second group received usual care with the addition of a pharmacist on rounds. One of the major errors uncovered by the study was the oversight of consultant's recommendations. When a consultant saw a patient and recommended a medication, it wasn't always ordered, explains Fotis. "Now we know to have our pharmacist check all consult orders to make sure that if they aren't picked up it is intentional," he says.

Controlling outpatient mistakes

Medication errors are not limited to inpatient care, and can be the reason for many hospital admissions. Northwestern investigates about 100 adverse drug reactions a month, and finds that the No. 1 mistake people make is taking a nonprescription product that is actually the same as their prescription, which results in an overdose.

Another is changing the medication dose of a long-acting drug without consulting their physician, says Fotis. "We found that patients were taking some extra doses because they thought their symptoms of illness were returning and it would help them. Also, they didn't know important symptoms of toxicity, and that they should call their doctor at once if they had the symptoms."

Education is key in reducing those medication errors, says Fotis. At Northwestern, all patients started on warfarin receive a consult with a pharmacist before they are discharged, which is about 60 patients a month. Teaching includes information on how to track doses, nonprescription products that can interfere with the medication, and why they shouldn't make drastic changes in their diet without alerting their physician.

A pharmacist calls the patient twice a week to assess the response to treatment and to reinforce the education. "Patients tell us about their missed doses and diet changes; I don't think they would do that without good teaching," says Fotis. As a result, the adverse event rate is less than 1%.

Although Hollenberg only gets reports on inpatient risk management medication errors, she is aware of common mistakes patients make when

SOURCES

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- **Debra Hollenberg**, MSN, Quality Manager, Nursing Division, New York Presbyterian Hospital, 525 E. 68th St., New York City, NY 10021. Telephone: (212) 746-4494. Fax: (212) 746-8421. E-mail: dhollenb@nyp.org.

discharged. One is dosing errors, either taking a double dose because they forgot they already took the medication, or forgetting to take the medicine altogether. To prevent those errors, Hollenberg advises educators to suggest patients keep a log, writing the medications down as they take them. "Patients should also make sure they read information that comes with the prescription when they pick up their medications from the pharmacy because it may not have been covered by the nurse before they left the hospital," she says.

Most importantly, patients must be taught to be their own advocate. To avoid problems, they should know to tell the prescribing physician everything he or she might need to know to avoid adverse reactions. That includes any medications or over-the-counter herbal medicines they are taking and any underlying conditions they might have. If breast-feeding, for example, a woman should ask if the antibiotic would affect her breast milk, says Hollenberg. ■

Reader Questions

Clarify what's expected in documentation criteria

Content should be consistent

Question: "How did you go about developing criteria for documenting patient education? What are your criteria? How do you assure that the disciplines providing the education provide consistent materials and content when teaching?"

Answer: Criteria for documenting patient education at the University of Washington Medical Center (UWMC) is based upon criterion created by the Oakbrook Terrace, IL-based Joint Commission on Accreditation of Healthcare Organizations, says **Cezanne Garcia**, MPH, CHES, manager of patient and family education services at the health care facility in Seattle. Also helping to shape policy was the health care organization's emphasis on measuring outcomes of teaching, not just providing evidence that teaching occurred.

The Joint Commission requires documentation of the assessment of learning needs, factors that impact learning and strategies used to optimize learning, outcome of teaching, and follow-up instruction, explains Garcia. To document the impact of teaching, or educational outcomes, a patient's knowledge, comprehension, and skills are assessed.

Staff at UWMC have three options for documenting patient education. They include incorporating statements that describe the patient's understanding or skill into progress or clinic notes; charting on critical paths with preprinted education interventions and outcomes; or using patient education records.

Procedures explaining the content requirements for documenting patient teaching for all three methods were compiled for staff. They include the following instructions:

• **Progress/clinic notes/dictation content.**

Information in notes or dictation must include an assessment of the patient and family's ability and readiness to learn. A brief description of the education process must also be documented that covers what was taught and why; how the teaching was provided; and the outcome of teaching such as being able to demonstrate how to change a bandage on a wound. Any educational follow-up required must be noted.

• **Critical path with education interventions and outcomes.**

Those documenting on a critical path would specify the educational interventions used on preprinted sections, writing in the education provided if it was not listed. Tips for this form of documentation suggest that educational interventions include what was taught, why it was taught, and how it was taught. Tips for writing in education outcomes include giving examples of how the patient or family showed their knowledge or behavior change related to teaching and using action verbs, such as *explains* or *demonstrates*, to describe the patient's knowledge, comprehension,

or skill outcome based on the teaching.

• **Patient education records.**

The flowsheet, one topic, and two topic patient education records were created at UWMC to increase efficiency and documentation accuracy. They can be used as written or customized documents for specific topics or patient populations. **(See example of all three records, inserted in this issue.)**

The flowsheet is designed for use when a large number of topics need to be covered or content provided in several teaching sessions or across the continuum of care. The one-topic record is tailored more for a single subject, and the two-topic record can be used for complementary topics taught between different disciplines, topics with differing outcomes, or topics taught within close proximity.

Like UWMC, Union Hospital in Elkton, MD, based its documentation criteria on Joint Commission standards. Therefore, the health education committee included instruction for multidisciplinary teaching when creating its patient education policy by explaining the educational duties of each team member. However, documentation for all disciplines is the same.

"Basically, every instance of patient education documentation must contain three elements," says **Jean M. Webb**, RN, patient education coordinator at Union Hospital. These include who was taught, what was taught, and whether the person(s) taught understood the material. Documentation is done in the nurse's notes, department specific progress notes, standard educational guidelines, disease specific checklists, and physician progress notes.

Keeping education on track

While patient education managers must make sure documentation is complete, at the same time they must ensure that it is consistent. Several checks and balances have been instituted at UWMC to ensure that all disciplines provide the same information across the continuum of care, says Garcia. For example, criteria for approving the purchase or development of patient education materials were established and an inventory of materials is available via the medical center's in-house materials. The development of teaching plans for strategic patient groups also is encouraged.

At Union Hospital a file cabinet containing standard educational guidelines is kept on each unit. "The guidelines are listed in alphabetical order and each has its own file. Within that file is the "hard" copy of the standard educational guideline along with any videos, pamphlets, or other printed material that may be related to that particular topic," explains Webb.

The medical staff have approved the guidelines and all related information; therefore, only materials contained in the files can be used for teaching. **(See sample of a standard educational guideline for angina, inserted in this issue.)** "Patient education material may also be obtained from preapproved Internet sites in specific cases," adds Webb. ■

SOURCES

For more information on creating criteria for documentation of patient education, contact:

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Don't keep women waiting on a diagnosis

Go for gold standard in benchmark

In December 1999, the administration at Grant/Riverside Methodist Hospitals in Columbus, OH, launched a benchmark study to determine how long it took for a woman diagnosed with a breast abnormality to find out if she had breast cancer. It was determined that it took an average of 27 days, better than the national average of 42 days, but far below the gold-standard programs around the country that took 24 hours to five working days.

While a short delay in diagnosis does not change the medical outcome, it does create emotional stress for women. In one study, women rated the amount of stress at this time as a 14 on a scale of 15, says **Patti Dunn**, RN, BSN, OCN, director of Breast Health Services at Grant/Riverside.

To remedy the situation, Dunn was asked to

oversee the process and create a system that coordinated care across the continuum to better meet the needs of women with breast health problems.

Critical to the success of the program are the trained breast health specialists who are located in the diagnostic imaging areas of the health care system. Those specialists were certified through a program called Educare, based in Columbia, SC. **(For more information on Educare, see article on p. 21.)**

When a woman is referred for a diagnostic mammogram, she is introduced to a breast health specialist who provides education, support, and guidance. "The radiologist gives the woman the results of the diagnostic mammogram at the time of the appointment and the breast health specialist helps her understand what she has been told and helps her with the next step," says Dunn. The specialist may contact the referring physician, ask what surgeon he wants his patient to see, and provide her with materials and instruction on biopsies.

Through the continuum of care, the breast health specialist case manages the patient. If she has cancer, the relationship continues with the breast health specialist providing information on the surgical choices, pre- and post-op teaching, and acting as a bridge between such specialists as the radiation oncologist and plastic surgeon.

Breast health services can be quite fragmented, says Dunn. Usually, a woman must wait days for a mammogram if she finds a lump, and several more days to hear from her physician. If he wants her to visit a surgeon to determine if the lump should have a biopsy, more time is involved and then she must wait for the laboratory report. If the diagnosis is cancer, she sees the surgeon again and then perhaps a medical oncologist, radiation oncologist, and then a plastic surgeon.

"A woman, in a difficult time of her life when she is under emotional and physical stress, is trying to navigate this complex system going from one physician to the next and none of the care is coordinated and the physicians aren't communicating well with each other. The breast health specialist is a critical component of coordinating care," explains Dunn. With a breast health specialist overseeing the whole process, the detection to diagnosis rate has dropped from 27 days to 12 days.

At the start of the process of forming a cohesive program across the continuum of care, Dunn formed several work teams in the various departments including radiology, cancer services and home care to help determine what is best for patients and help each see the broad spectrum of care. While the existing program was comprehensive and just needed to be coordinated, there were a few gaps identified that value-added services could fill.

One was providing a way for a woman to get a second opinion if she chose to have one. Although she could contact another health care facility, a second opinion clinic was created to make it convenient. At this clinic, a woman can meet with a multidisciplinary team who reviews her mammograms and pathology report and gives their opinion for the best plan of care. It is an option available to women who want a second opinion before determining a treatment plan.

A second value-added service is the pretreatment planning conference that takes place before a new breast cancer patient receives treatment. At the conference, a multidisciplinary team of specialists, including a radiologist, pathologist, radiation oncologist, and surgeon, review each new case of breast cancer and recommend a plan of care. "It is very valuable, because it starts getting everyone collaborating and coordinating up front instead of the previous way where a woman went from one physician to another in a vacuum," says Dunn.

Another program improvement has been the standardization of all patient education material. A team gathered and reviewed all the educational materials used across the continuum of care and is selecting literature that will be used in all departments. Gaps in educational materials also were identified and are being developed.

"Our goal is to achieve a better delivery of breast cancer care for our patients, which is more coordinated, more customer service-oriented, and customized to meet their needs. Care is expedited for them and they have the support and education throughout so they aren't navigating a very complex healthcare system on their own. Hopefully, it will provide them with a better experience," explains Dunn.

SOURCE

For more information about the comprehensive breast health care program at Grant/Riverside Methodist Hospitals, contact:

- **Patti Dunn**, RN, BSN, OCN, Director of Breast Health Services, Grant/Riverside Methodist Hospitals, 274 E. Towne St., Columbus, OH 43215. Telephone: (614) 566-0595. E-mail: pdunn@ohiohealth.com.

'Coaches' aid breast cancer patients

Not a 'one-size-fits-all' apprach

Education for breast cancer patients is not a "one-size fits-all" package, but must be tailored to meet the needs of each woman. Women diagnosed with breast cancer have had different life experiences, have varying social support systems, and differing psychological responses to a crisis.

In addition, information must be readily available when the patient needs an answer or is ready to learn. To address those issues, **Judy C. Kneece**, RN, OCN, created a program to train nurses to serve as case managers and coordinate the clinical, educational, and support needs of breast cancer patients.

The 40-hour training program certifies registered nurses as breast health specialists, prepared to meet the diverse needs of women diagnosed with breast cancer. "Women haven't had 'Breast Cancer 101,' so we are the prepared coach explaining what is done first, what will happen second, and what decisions the patients need to make now. We help her decipher all the complicated information that has been thrust upon her," explains Kneece, president of Educare, based in Columbia, SC.

The goal of the program is to anticipate the needs of the patient before she has to ask by providing continual education and support throughout the continuum of care. Breast health specialists are trained to help women maneuver the complicated maze of medical decisions and care, as well as manage their own recovery.

For example, the specialist provides tips for patients about how to keep hair from being all over the house and how to keep their head warm while undergoing chemotherapy. She also connects patients with beneficial programs throughout the community such as the Atlanta-based American Cancer Society's Reach to Recovery program.

During training nurses are given the basic information about the physical, psychological, and social care of the patient, and then provided instruction on how to coordinate a program at their hospital using their facility's experts, such as the nutritionist and physical therapist as well as community resources. The program is designed to look at the whole patient. "We have been addressing the physical issues for a long time, but not the whole care of the patient, which includes psychological and social issues. That's what this program does," says Kneece.

Training techniques include slides, demonstrations, student teacher interaction, and videotapes. Nurses watch professionally made films of the latest surgical procedures and other treatment options so that they can explain it to their patients. Curriculum includes:

- The anatomy and physiology of the breast.
- Benign breast diseases.
- Breast pain.
- Breast discharge.
- MammaCare clinical breast exam.
- High-risk assessment and counseling.
- Breast cancer pathology and clinical management.
- Male breast cancer.
- Sexuality issues after breast cancer.
- Pregnancy and breast cancer.
- Support groups and program development.
- Spiritual needs of patients.
- The terminal patient.
- Community outreach programs.
- Developing specialty clinics.
- Multidisciplinary conference organization.

Each health care facility determines what will work best with their patients. For example, one breast center opened a boutique where women could have their head shaved and are fitted with a wig so they don't have to go through the process of having their hair fall out. Other facilities embrace the multidisciplinary care conferences where all disciplines involved review the case before treatment to offer suggestions.

Suggestions for care might include involvement in a clinical trial for which the patient is eligible or the team might identify a social support need. For example, a patient who lives alone could require aggressive chemotherapy and therefore need the help of a nurse aid to assist with such chores as housework.

Kneece became aware of the need for a program that offered comprehensive education and support when her sister-in-law was diagnosed with Stage 4

SOURCE

For more information about Educare, contact:

- **Judy Kneece**, RN, OCN, President, Educare, P.O. Box 280305, Columbia, SC 29228. Telephone: (800) 849-9271 or (803) 796-6100. Fax: (803) 796-4150. E-mail: educare@ix.netcom.com. Web: www.cancerhelp.com/ed/.

breast cancer. She founded Educare in 1994, which offers on-site training at individual facilities or open training at regularly scheduled classes.

Several books and educational materials based on data collected from focus groups also are available. "Our books are written to give guidance," says Kneece. **(For information on written materials available through Educare, see list, below.)** ■

Educational materials for better breast health

Several educational resources are available through Columbia, SC-based Educare to help provide the information women need for breast health. These include the following books written by Judy C. Kneece:

• ***Your Breast cancer Treatment Handbook.***

This book contains information to help breast cancer patients understand the disease, treatments, and recovery process. It is designed for the newly diagnosed patient. The cost is $21.95.

• ***Helping Your Mate Face Breast Cancer.***

This book provides the partners of breast cancer patients with a wide array of information needed to get through this health care crisis. Topics covered include dealing with the patient's emotions and restoring the sexual relationship. The cost is $12.95.

• ***Finding a Lump in Your Breast.***

This book empowers women helping them to become an educated partner in monitoring their breast health. It includes a glossary of medical terms and a description of benign breast diseases. The cost is $14.95.

• ***Solving the Mystery of Breast Pain.***

This book provides details for identifying the cause of breast pain, lists 410 medications that may contribute to breast pain, and provides information on how to reduce or stop the pain. The cost is $7.95.

• ***Solving the Mystery of Breast Discharge.***

This book offers proactive steps for management of breast discharge, describes normal and abnormal discharges and gives details on identifying the type of discharge, and provides ways that may reduce or stop breast discharge. The cost is $7.95.

These materials can be ordered on-line at www.cancerhelp.com/ed/ or by calling (800) 849-9271. ■

Ancient form of healing combats modern stress

Treats hypertension, boost immune system

Qigong, (pronounced chee-gong), is an ancient Chinese healing exercise that is part meditation, part movement, and part breathing. Embraced by the Chinese for thousands of years, it is now piquing the interest of Westerners interested in complementary therapies who wish to boost their immune system and promote health or treat a serious condition such as hypertension.

"Qigong helps people to relax and overcome serious conditions as well as prevent the risk of illness," says **Effie Chow**, PhD, RN, Dipl.Ac, founder and president of the East-West Academy of Healing Arts in San Francisco.

The theory behind the practice is that Qi, the vital life force, flows along channels, or meridians, throughout the body. When those meridians become blocked, Qi accumulates creating an imbalance in the body, which can result in illness. "Balance of Qi, vital life force, creates good health," says Chow.

The immune response seems to be enhanced when people practice Qigong, says **Francesco Garri Garripoli**, president of the Qigong Institute and Wuji Productions in Berkeley, CA. "When Qi, the vital energy in our body, becomes stagnant, organs shut down or don't work at their optimal level," he explains. Qigong seems to make organs work well and the lymph system, which moves toxins from the body, more efficient.

"We promote Qigong as a self-healing technique that should be done on a daily or regular basis," he says. People can have incredible results by understanding the basic principle that is coordinated slow movement and deep breathing, as well as how energy moves throughout the body. While there are thousands of styles taught by the masters, it is the essential principle that ties them all together.

When practicing Qigong, a person will do conscious stretching exercises complemented by deep breathing and creative, mental visualizations to guide Qi through the meridians in the body. "There is an old saying, 'Where the mind goes, Qi follows.' It is a simple idea. If you had a sore shoulder, for instance, you would use these exercises to move the Qi in and around your neck and shoulder area both with physical movements

and visualization," explains Garripoli.

Videotapes are a good way to learn Qigong, but find a teacher, if possible, to fine-tune the techniques, advises Garripoli. When selecting a teacher or master, it is best for a person to explain what he or she wants to accomplish through Qigong and then to allow the teacher to offer a strategy on how that might be achieved. "I tell people not to get caught up in which Qigong is better than another but to see if it works for them. If it does it is a good form of Qigong, says Garripoli.

Ask for a teacher's background including how long he or she has been practicing and where they trained, says Chow. If the teacher is being sought for a particular health problem, such as diabetes, ask what kind of success he or she has had with other clients who have that condition. Currently, there are no requirements for credentialing or licensing of Qigong teachers.

Attending group sessions works well for people seeking good health in general and is much less expensive than individual teaching. However, a teacher will employ all the traditional Chinese medicine techniques during an individual visit, which might include acupuncture, massage techniques, and prescribed herbs, says Garripoli.

While a teacher can enhance the benefits of Qigong many people learn and practice it from a videotape or book. What's important to remember if a teacher is involved, is that Qigong is done with a client rather than to a client, says Chow. Also, Qigong works best if practiced daily at regular times. **(For a list of teaching materials, see resource list, left.)**

People at any age experiencing a chronic health problem or stress at emotional and physical levels may benefit from Qigong exercises. Qigong often enhances treatments for these health issues and is best used as a complement for other modalities, says Garripoli. ■

SOURCES AND RESOURCES

For more information about Qigong, contact:

- **Effie Chow**, PhD, RN, President, East-West Academy of Healing Arts, 530 Bush St., Suite 202, San Francisco, CA 94108. Telephone: (415) 788-2227. E-mail: eastwestqi@aol.com. Web: www.eastwestqi.com.
- **Francesco Garri Garripoli**, President, Qigong Institute and Wuji Productions, 561 Berkeley Ave., Menlo Park, CA 94025. Telephone: (650) 323-1221. E-mail: Francesco@wellring.com. Web: www.wujiproductions.com.

Resource materials from East-West Academy of Healing Arts:

• Books.

— *Miracle Healing From China-Qigong* by Charles McGee MD, Effie Poy Yew Chow, PhD, RN, Dipl.Ac. Overview of Qigong, introduction to the work of several Chinese masters, and step-by-step instruction. $15.95 plus shipping and handling.

• Videotapes.

— "Chow Integrated Healing System, Vol. 1 — Qigong Exercises." $39.95 plus shipping and handling.

— "Chow Integrated Healing System Vol. 2 — Qi Pressure." $29.95 plus shipping and handling. To order, call (800) 825-2433 or visit www.eastwestqi.com.

Resource materials — Wuji Productions:

• Books.

— *Qigong-Essence of the Healing Dance* by Francesco Garri Garripoli. $12.95 plus shipping and handling.

• Videotapes.

— "Qigong, Ancient Chinese Healing for the 21st Century." Video provides insight into Qigong through interviews with masters in China and Tibet. $24.95 plus shipping and handling.

— "Qigong, Energy Workouts for Body and Mind." Four Qigong forms designed for short workout sessions and Shaolin self-massage Qigong techniques. $19.95 plus shipping and handling.

— "Qigong — Energy Workouts for the Mind and Body." A comprehensive workout with the benefits of each exercise clearly explained and Shaolin self-massage Qigong techniques. $19.95 plus shipping and handling. To order, call (800) 723-1927 or order online at www.wujiproductions.com.

NEWS BRIEF

Writer's guidelines go on-line

An Author's Guide, a handbook on creating effective patient education materials, can now be accessed at www.med.utah.edu/pated. The information, which was compiled by a committee at the University of Utah Hospitals and Clinics in Salt Lake City for in-house authors, can now benefit all health care professionals who log on. The guide for writing patient education materials includes a

flowsheet that charts the entire writing process, information on copyright and how to obtain permission to use material from a copyright holder, facts on literacy and readability testing, as well as patient pretesting before putting materials into circulation. A section on clear writing provides concrete instruction and offers several tips.

Another valuable section is the substitute word list, which provides authors of patient education materials suggestions on terms that are more patient friendly vs. more formal jargon. For example, the word walk is more easily understood than ambulate and yearly is more commonly used than annually. ■

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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

Program for girls focuses on cancer prevention

Program demystifies hospital experience

For years, the James Cancer Hospital and Solove Research Institute in Columbus, OH, has been providing tours for children who have parents or grandparents with cancer to demystify the hospital experience or teach the general youth community about cancer prevention. Recently, the cancer center gave the program a new twist, tailoring it to junior high and high school girls at the request of the Seal of Ohio Girl Scouts Council. Breast and cervical health components, as well as career exploration were added to the program. Also, the program was lengthened into a daylong seminar with breakfast and lunch served, and mothers were encouraged to accompany their daughters.

"We thought it was a great idea to partner these young girls with their moms," says **Pauline King**, MS, RN, CS, director for children programming and a psychosocial clinical nurse specialist at the hospital. It provides an opportunity to educate mothers about the importance of being a good role model and having mammograms and Pap smears as well as doing breast self-exams. "We are teaching girls to form good habits while teaching moms to change bad habits."

"In the Pink" begins with a breakfast. All attendees are given an overview of what will happen during the day, and the girls are given bags to carry the information they collect and charts to help make the experience personal. The charts have tabs for each department that is included in the tour, such as the operating room, radiation, chemotherapy, mammography, and physical therapy.

In each department, participants have their photo taken so they can place it in the appropriate section of the chart. For example, in the operating room they have their photo taken while they are dressed for surgery and operating on a dummy. The charts, which include lots of cancer prevention information, become a personal memento that they read time and again. "It becomes a wonderful, ongoing teaching tool," explains King.

Education is a key part of the tour. In each department, a female professional tells the girls about the job they do explaining what they like about it and what they don't. The girls have time to ask questions as well, and make notes about career choices in a special section on their charts. The professional also provides information on the purpose of the department. For example, in the mammography department, the girls are shown the X-ray machine and see a video on mammograms. They also view X-rays to see what is normal and what is abnormal. Breast models are used to teach self-exams, and each participant receives a shower card with step-by-step instructions.

Teach prevention

Cancer prevention education also is an important component of the teaching in many departments. For example, in radiology, the lesson is on the dangers of tobacco, including second-hand smoke and chewing tobacco. In the laboratory area, skin cancer prevention is discussed. During the luncheon, two young female dietitians talk about the importance of nutrition in cancer prevention.

"We find easy ways to get the girls to remember the lessons. For skin cancer prevention, we use the slip, slap, slop slogan, and for remembering the importance of good nutrition we use the five-a-day rule," says King. The slogan stands for slip on a long-sleeved shirt, slap on a hat, and slop on sunscreen. The five-a-day rule is five servings of fruits and vegetables a day.

Participants are given a preknowledge questionnaire before the tour begins at 9 a.m. and a post-tour questionnaire before they leave at 4:30 p.m. as a self-assessment. The girls also fill out a

SOURCE

For more information about In the Pink, contact:

- **Pauline King**, MS, RN, CS, Director for Children Programming and Psychosocial Clinical Nurse Specialist, James Cancer Hospital and Solove Research Institute, 300 W. 10th Ave., Room 004, Columbus, OH 43210. Telephone: (614) 293-4138. E-mail: king-4@medctr.osu.edu.

healthy life contract where they pledge not to smoke, to do regular breast self-exams, to get a Pap smear starting at age 18, and to use the slip, slap, slop method of skin cancer prevention. Both the girls and their mothers sign the contracts.

Great program, but too expensive

The only downside to In the Pink is the cost, says King. It runs about $800, but the James Cancer Hospital and Seal of Ohio Girl Scouts Council share the cost. Because it is so costly, King requires a group of at least 25 girls plus their mothers to organize the tour.

Currently, In the Pink is held twice a year with Girl Scout groups participating, but King is hoping that other groups might take advantage of the program in the future. "It is a good model partnering girls with their moms. While it is focused on the girls, one of the real positive outcomes is having mom do Pap smears, mammograms, and breast self-exams on a regular basis," says King. ■

Antibiotic use still needs to be taught

Miracle cure not always the answer

Although the media have covered antibiotic-resistant diseases caused by the overuse of antibiotics, many people still look to this medicine as the miracle cure. Especially parents, desperate to come to the aid of a sick child. That's why education still is needed.

"Consumers will get the message much more clearly if we, their health care providers, take the time to talk to them about this issue. Explain the facts," says **Fran London**, MS, RN, health education specialist at The Emily Center at Phoenix Children's Hospital.

What do parents need to know? According to the Elk Grove Village, IL-based American Academy of Pediatrics (AAP), they need to be told that there are two types of germs that cause infections: bacteria and viruses. While antibiotics can cure many bacterial infections, they never cure common viral infections such as most colds, coughs, sore throats, or runny noses. These illnesses must be allowed to run their course, and colds often last for two weeks or more.

The physician should determine the need for an antibiotic after a physical examination, according to the AAP. That's because some ear infections require antibiotics but others do not, and while viruses cause most sore throats, strep throat requires an antibiotic.

Often, parents who pressure health care providers to prescribe antibiotics inappropriately are uninformed and want the child to get well and return to day care or school so that they might return to work, says London. In such cases, it might take more than education about the appropriate use of antibiotics. "We can be emotionally supportive and help them problem-solve to better balance family and work demands."

Overuse can cause sensitivity or allergies

Parents also need to know that with overuse a child can become sensitive or allergic to them. If this should happen, the child won't be able to take the antibiotic when he or she needs it. Also with overuse, the weakest bacteria are destroyed, leaving only the strongest strains that grow and thrive, thus creating antibiotic-resistant diseases, says London.

A child's chances of being infected with resistant bacteria increases with the use of antibiotics, according to the AAP. If this should happen, the child may need to be hospitalized.

If a child is prescribed an antibiotic, parents should be given explicit instructions on how to administer the prescription, says London. "My concern is the inappropriate use of the antibiotics when they are needed. So many people do not give their children the entire prescription, but save some for the next time the child is sick."

To help parents understand the consequences, London likes to help them reason for themselves using a script that demonstrates how strong bacteria live longer and can cause a relapse. ■

SOURCE

For more information on educating parents about the proper use of antibiotics, contact:

- **Fran London**, MS, RN, Health Education Specialist, The Emily Center, Phoenix Children's Hospital, 909 East Brill St., Phoenix, AZ 85006. Telephone: (602) 239-2820. Fax: (602) 239-4670. E-mail: flondon@phxchildrens.com.
- **American Academy of Pediatrics**, 141 N.W. Point Blvd, Elk Grove Village, IL 60007-1098. Telephone: (847) 434-4000. Fax: (847) 434-8000. Web: www.aap. org.

ONE TOPIC: PATIENT EDUCATION RECORD

Persons Present: ☐ Patient ☐ Partner ☐ Family _____ ☐ Friend _____ ☐ Other _____

Primary Learner (if other than patient): _____ ☐ Interpreter Present

EVIDENCE OF TEACHING based on patient's needs and concerns

What was taught (note summary below)

How was it taught

- ☐ Verbal information provided
- ☐ Written information provided
- ☐ Class/group session
- ☐ Task demonstrated
- ☐ Audio/Visual teaching tool used:

_____

EVIDENCE OF LEARNING

Outcome met

- ☐ Describes/able to restate information shared
- ☐ Demonstrates task(s) or ☐ Uses device(s)
  - ☐ With help
  - ☐ Independently
- ☐ Indicates understanding of topic

If outcome not met *(see follow-up plan)*

- ☐ Unable to understand:

Barriers: ☐ Education ☐ Cognitive ☐ Language ☐ Emotional ☐ Culture ☐ Physical

- ☐ Refuses information
- ☐ Needs further instruction

FOLLOW UP PLAN & NEEDS *(if applicable)*

- ☐ Contact support/family for education
- ☐ Follow up/referral:
- ☐ Reinforce specific content:
- ☐ Additional topics to be covered:

SIGNATURE	DATE	TIME

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ONE TOPIC: PATIENT/FAMILY EDUCATION RECORD

UH 1124 MAR 98

DATE AND HOUR	PROB NO.	NOTES

PT.N.O.

NAME

DOB

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ONE TOPIC: PATIENT/FAMILY EDUCATION RECORD

UH1124 MAR 98 BACK

TWO TOPICS: PATIENT EDUCATION RECORD

Persons Present: ☐ Patient ☐ Partner ☐ Family _____ ☐ Friend _____ ☐ Other _____

Primary Learner (if other than patient): _____ ☐ Interpreter Present

EVIDENCE OF TEACHING based on patient's needs and concerns

TOPIC 1 **What was taught** *(note summary below)*	**How was it taught**	*TOPIC 2* **What was taught** *(note summary below)*	**How was it taught**
	☐ Verbal information provided ☐ Written information provided ☐ Class/group session ☐ Task demonstrated ☐ A/V teaching tool used: _____		☐ Verbal information provided ☐ Written information provided ☐ Class/group session ☐ Task demonstrated ☐ A/V teaching tool used: _____

EVIDENCE OF LEARNING

Outcome met	**If outcome not met** *(see follow-up plan)*	**Outcome met**	**If outcome not met** *(see follow-up plan)*
☐ Describes/restates information shared	☐ Unable to understand: Barriers: ☐ Education ☐ Cognitive ☐ Language ☐ Emotional ☐ Culture ☐ Physical	☐ Describes/restates information shared	☐ Unable to understand: Barriers: ☐ Education ☐ Cognitive ☐ Language ☐ Emotional ☐ Culture ☐ Physical
☐ Demonstrates task(s) or ☐ Uses device(s) ☐ With help ☐ Independently	☐ Needs more instruction	☐ Demonstrates task(s) or ☐ Uses device(s) ☐ With help ☐ Independently	☐ Needs more instruction
☐ Indicates understanding of topic	☐ Refuses information	☐ Indicates understanding of topic	☐ Refuses information

TEACHING FOLLOW UP PLAN & NEEDS *(if applicable)*

☐ Contact support/family for education	☐ Additional topics to be covered:	☐ Contact support/family for education	☐ Additional topics to be covered:
☐ Follow up/referral:		☐ Follow up/referral:	
☐ Reinforce specific content:		☐ Reinforce specific content:	

SIGNATURE	DATE	TIME

PT NO.

NAME

DOB

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TWO TOPICS: PATIENT/FAMILY EDUCATION RECORD

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DATE AND HOUR	PROB NO.	NOTES

PT. NO.

NAME

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TWO TOPICS: PATIENT/FAMILY EDUCATION RECORD

UH 1125 MAR 98 BACK

FLOW SHEET: PATIENT EDUCATION RECORD

EVIDENCE OF TEACHING based on patient's needs and concerns	DATE					
	INITIALS					
	PERSONS PRESENT					
FILL IN TOPIC HERE		FILL IN METHODS AND OUTCOME INITIALS HERE				

	KEY: USE ALL THAT APPLY FROM EACH LIST	INTERDISCIPLINARY TEAM MEMBER'S INITIALS/SIGNATURE	INTERDISCIPLINARY TEAM MEMBER'S INITIALS/SIGNATURE
Persons Present:	PT-Patient P-Partner FA-Family FR-Friend O-Other		
Methods:	AV-Audio/Visual Tools T-Task Demonstrated C-Class/Group W-Written Materials I-Individualized Teaching (One-on-One)		
Outcomes; Follow-up:	V-Verbalized Understanding RD-Return Demonstrated D-Describes/Able to Restate F-Further Instruction/Reinforcement Needed		

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PATIENT/FAMILY EDUCATION RECORD FLOWSHEET

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EVIDENCE OF TEACHING -based on patient's needs and concerns	DATE					
	INITIALS					
	PERSONS PRESENT					
FILL IN TOPIC HERE		FILL IN METHODS AND OUTCOME INITIALS HERE				

	KEY: USE ALL THAT APPLY FROM EACH LIST				INTERDISCIPLINARY TEAM MEMBER'S INITIALS/SIGNATURE	INTERDISCIPLINARY TEAM MEMBER'S INITIALS/SIGNATURE
Persons Present:	PT-Patient O-Other	P-Partner	FA-Family	FR-Friend		
Methods:	AV-Audio/Visual Tools C-Class/Group I-Individualized Teaching (One-on-One)		T-Task Demonstrated W-Written Materials			
Outcomes; Follow-up:	V-Verbalized Understanding D-Describes/Able to Restate F-Further Instruction/Reinforcement Needed		RD-Return Demonstrated			

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PATIENT/FAMILY EDUCATION REDORD FLOWSHEET

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Addressograph

ANGINA EDUCATION PROGRAM

uhcc-2031

DATE	Educational Assessment of Learning Needs, Abilities, Readiness to Learn			
	_____No major barriers to learning. If yes, check below. Able to Read __Yes __No Barriers: __Visual __Hearing Cultural/Religious Health Practices__No __Yes Emotional Barriers__No __Yes Desire/Motivation to Learn__No __Yes Communicates in:__English __Other:_____ If barriers are present, describe methods to overcome:	Learns best: __Visual __Hearing __Doing Readiness to Learn: __Yes __No Physical/cognitive limitations: __No __Yes Language barriers: __No __Yes		
	Educational Needs/Plan: Coronary Club, AHA			
	Risk Stratification (Circle those that apply): Smoking, Obesity, Sedentary Lifestyle, HTN, High Cholesterol			
	Family/Significant Other/Caregiver Present:			
	Angina Education Program	**Signature/Title**	Outcome (check one) Met	Unmet
	WHAT IS ANGINA? 1. Define angina. 2. Name 2 ways to treat angina. 3. Knowledge of testing done to diagnose angina.			
	ACTIVITY LEVEL 4. List 4 warning signs of a heart attack.			
	MEDICATIONS 5. Knowledge of Nitroglycerine usage.			
	NUTRITION 6. Explain importance of weight reduction and controlling fat/cholesterol levels.			
	SEXUALITY 7. Describe how to plan periods of activity with rest breaks.			
	STRESS 8. Knowledge of ideas that reduce BP and tension.			
	Printed materials given to patient: (Circle those given to pt) a. Understanding Angina b. Cholesterol and Your Heart c. You Can Quit Smoking d. Managing Unstable Angina e. How to Make Your Heart Last a Lifetime f. Exercise for Life g. A Lifetime of Good Eating			
	Videos Shown to patient: (Circle those shown to pt) a. Stable Angina b. Staying Cool - Managing Stress c. Are You At Risk for Heart Attack? d. Smoke Signals: Cigarettes and Heart Disease			
	Comments:			

Date		Signature/Title	Met	Unmet

Source: Union Hospital, Elkton, MD.