

# Patient Education Management™

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

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## Grant money can be pot at rainbow's end providing much-needed funding

*Keep abreast of funding source's mission, goals, and deadlines*

**T**he time to start looking for grant money is not when you need it, says **Cathy D. Meade**, RN, PhD, education program director and associate professor at the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida in Tampa.

Do the groundwork ahead of time, she advises. Assemble a list of the different grant sources that fund patient education projects. Then familiarize yourself with each organization's mission and goals.

Make note of any and all restrictions on funding, says **Annette Mercurio**, MPH, CHES, director of health education services at City of Hope National Medical Center in Duarte, CA. For example, some organizations won't fund equipment, such as computers, while others won't fund personnel. One organization might fund prevention education, while another funds basic research. "Learn what each new source is interested in funding," Mercurio says.

About 50% of the work of grant writing is done up front researching grant sources to determine which ones are worth pursuing, says **Susan M. Bryant**, MEd, vice president of development for the Egleston Scottish Rite Foundation in Atlanta. Spend time surfing the Web, she advises. Many of the government agencies and foundations that have grants available post that information on Web sites. Other sites provide links to grant sources and information on the application process.

For example, the Web site of the Foundation Center ([www.fdncenter.org](http://www.fdncenter.org)) provides links to different funding sources and information and analyses on funding trends. **(For more addresses of useful Web sites, see the resources listed on p. 136.)**

**Jane Chelf**, MDiv, RN, patient educator at Mayo Clinic Cancer Center in Rochester, MN, regularly looks for grant sources on the Internet. When she finds a source she wants to monitor, she bookmarks the source's site so she can visit it regularly. It's important to monitor the sites for new

# Grant must be well-written to compete

*Follow instructions, ask experts to critique*

When writing a grant, it is important that you follow the instructions to the letter, says **Cathy D. Meade**, RN, PhD, education program director and associate professor at the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida in Tampa. If the organization requests a six-page proposal, don't submit seven pages, she says.

Organizations often will provide details on what they require. For example, they might ask that the statement on the significance of the project run one page, projects aims run a half page, and the literature review run no more than two pages. "Abide by what they say," advises Meade.

If the request for applications asks that you present information on how you will evaluate the outcomes but you haven't determined that yet, figure it out. Most grant sources today want to know how you plan to measure the effectiveness of the project, says **Susan M. Bryant**, MEd, vice president of development

for the Egleston Scottish Rite Foundation in Atlanta.

"Before you even start to write your grant, you should have your project in line and your team gathered," says **Jane Chelf**, MDiv, RN, patient educator at Mayo Clinic Cancer Center in Rochester, MN. When creating the team, be sure to include the disciplines that will boost your chances of obtaining the grant. For example, if the project focuses on public health, enlist a person in the public health arena.

People on the team often can write the sections of the grant that pertain to their expertise. When writing a grant for a health literacy project, Chelf had a statistician on the team who wrote the statistics portion.

Also, look for people within your institution who have written grants, or have been a member of a grant review panel. Have them read your grant to see if the material is clear and if it will compete, says Chelf.

If you have people within your institution who have received grant funding, ask to see their proposal. Reading a well-written grant proposal can be helpful, says Meade. These same people can be used to form a mock review panel. "You have to have thick skin, but the idea is to be open to critique and suggestions and always be willing to revise," she says. ■

requests for applications or changes in the organization's funding processes and goals. It's frustrating to learn about a grant source that's perfect for a project you are working on only to discover that the deadline has passed, says Chelf.

It can take months to write a grant, so lead time is important. When Chelf wrote a grant for

a health literacy project, it took three months because she had to do an exhaustive literature review. "The grant application was in addition to everything else I do every day. I advise anyone who is planning on writing a grant to set aside time to work on it," she advises.

In addition to the Internet, many public and academic libraries have grant manuals that provide details on the application process for each organization. Librarians can guide patient education managers to these resources, says Bryant.

If a patient education manager is located near a college or university, Bryant advises meeting with someone at the development office to discuss resources for finding grants. "Even a local community college might be able to make recommendations on research," Bryant says.

Staff at the development offices of nonprofit institutions have a lot of knowledge about foundations and the types of projects they fund, says Mercurio. Therefore, she keeps in close contact

## EXECUTIVE SUMMARY

The difficulty of meeting patients' educational needs on a finite budget drives many patient education managers to search for alternative funding sources, such as grants. Successful grant writers tell us there are several do's and don'ts patient education managers should be aware of before pursuing grants, including:

- Do the groundwork in advance.
- Don't vary from instructions.
- Do seek expert advice.

## Seasoned writers put polish on grants

*First-time writers can add too much detail*

As Scottish Rite Children's Medical Center in Atlanta began to serve more and more Hispanic patients, the need for an interpreter and materials written in Spanish became apparent. Yet there was no money in the budget to fund such projects.

"We called a lot of translation companies to get estimates, and it was as high as 35 cents per word plus the cost of the typesetting," says **Ana Soler**, CI, medical interpreter and translator at the medical center.

That's when Soler was drafted to write a grant application for funding from the Georgia Indigent Care Trust Fund. Each year the state makes monies available through the fund for projects that benefit Medicaid patients. Many departments at the hospital apply for funding from this agency, so Soler was able to discuss her idea with colleagues who had been successful in previous years to determine if her plan was on target.

The most difficult part of the process was writing the grant, says Soler. "I read all the

books I could get my hands on about how to write a grant and how to even start," she says. Even so, she made many mistakes. She included information that was not relevant to the grant, such as details on the Hispanic community at large. Also, she wrote too much detail on how the translated teaching sheets would be appropriate and beneficial to the hospital.

Lucky for Soler, the grant had to be reviewed by staff in the institution's development department and financial department before it was submitted. As a result, the five-page grant was edited to a single page by the seasoned grant writers.

"They said that if the grant review panel found too much detail they might not read it all. The panel just wants to see the facts. The most important thing you can do is show the grant source how the hospital or institution will save money through the grant," says Soler.

The hospital received \$45,000 to fund Soler's position as an interpreter and translator for Medicaid patients in the outpatient areas. The grant also allowed the hospital to contract out writing some of the materials for translation and to fund a parenting program for Spanish-speaking patients. ■

with the development staff at The City of Hope. "If someone at your institution is already investigating foundations, it will save you time," she adds.

Mercurio put together a list of projects she wants funded and gave it to the development office. The list provides detailed information. For example, she wrote that her department could use another person for the telephone information service, and the funding need was \$65,000 to cover salary and benefits.

Also, when Mercurio created the planning committee for the patient and caregiver resource center, she included a development director so the development office staff would be familiar with the project goals. The committee also developed a proposal so the center's goals and services were in writing for the development staff to refer to when they approached a potential funding source. During the two years the resource center has been operating, Mercurio has kept her contact in the development office updated.

As a result of these efforts, the development director uncovered a foundation interested in family caregiver issues. Mercurio was asked to quickly write a two-paragraph proposal outlining funding ideas, which the development office then polished to obtain a \$20,000 grant for the purchase of equipment for the center.

"It's important to communicate with the development staff about the programs and activities you are trying to expand and create," says Mercurio.

In addition to building relationships within your institution's development office, build a relationship with the grant source whenever possible, advises Bryant. If the foundation is local, meet with either the grants person or the president of the foundation to discuss their requirements. Come prepared with a proposal and be able to give detailed answers to any questions, such as who will be tracking the grant and how reports will be submitted.

There isn't an opportunity to develop a personal relationship with key people at national

## Use these resources to find grant money

Following are a few tools to help you start a database of grant sources appropriate for funding patient education projects and navigating the application process.

- **GrantsNet.** Web site: <http://www.hhs.gov/progorg/grantsnet>

GrantsNet is a tool for finding information about the U.S. Department of Health and Human Services and other selected federal grant programs. The site has details on how to find grant information, how to apply, and grant management information.

- **NIH grants.** Web site: <http://www.nih.gov/grants>

This site has leads to information about the National Institutes of Health grant and fellowship programs, the application process, policy changes, and administrative responsibilities of awardees.

- **Secrets of Successful Grantsmanship: A Guerrilla Guide to Raising Money** by Susan L. Golden

This book, published by San Francisco-based Jossey-Bass, costs \$24.95 plus \$5.50 for shipping and handling. To order, contact Jossey-Bass, 350 Sansome St., San Francisco, CA 94104. Telephone: (415) 433-1767. To order by fax: (800) 605-2665. ■

foundations, so the first impression will be the proposal itself. "What counts in these situations is the quality of the proposal," says Bryant.

Follow the criteria for the written proposal and resist the temptation to be creative and deviate from the instructions, she advises. Although parts of the application may not seem relevant to the project, the grant proposal could be rejected if it is not completed in full. **(For tips on writing the grant, see article on p. 134.)**

When an organization issues a request for application, it will often identify a contact person, says Meade. Contact this person and explain your idea to see if it is a good fit. "They will never tell you if your project can get funded, but they will provide some helpful suggestions and tell you if it is in line with what they are funding," she explains.

Also, if you discover that a grant source has funded something in your interest area, such as smoking cessation, find out who the investigator for the grant was and call that person, advises Meade. Ask him or her to give you some direction on your project idea, she says.

Have your idea well thought out before approaching funding sources. Meade suggests you write a two- to three-page position paper or abstract on your project. Also, a track record is beneficial because it shows that the grant seeker can provide oversight, especially if you are trying to obtain large sums of money. She suggests grant seekers first apply for small grants to establish a track record.

While preparation is key, once a suitable grant source is discovered it's important to make the commitment to the application process. The biggest obstacle is having the confidence to get started, says Chelf. **(See profile of a successful grant seeker, p. 135.)**

*(Editor's note: This article is the first of a two-part series on alternative funding sources. Next month, we will discuss the search for corporate support for educational needs.)* ■

### SOURCES

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# Fibromyalgia courses focus on self-help

*Tailor information to specific needs of patients*

When the Mayo Clinic in Rochester, MN, launched a course for patients with fibromyalgia syndrome six years ago, the chronic condition was not well known, even within the medical community. Today this 90-minute class is scheduled every weekday at 3:30 p.m. and Mayo is opening a fibromyalgia center designed specifically to treat patients who have been diagnosed with the syndrome.

“People with fibromyalgia do better in a group setting, for they need to know that others can identify with what they have because it is so unique, complex, and difficult. They have gone through a lot to get the condition diagnosed,” says **Marilyn Smith**, RN, MS, program coordinator for the Mayo Patient and Health Education Center.

Fibromyalgia is a form of muscular or soft-tissue rheumatism that causes pain throughout the body. About 90% of people with the condition experience moderate or severe fatigue, lack of energy, and decreased exercise endurance. Changes in mood are common, and many people feel “blue.”

Headaches and abdominal pain, bloating, and alternating constipation and diarrhea are common. The skin and circulation are often sensitive to temperature and moisture changes, and some people have numbness and tingling in various parts of their body.

The Atlanta-based Arthritis Foundation also recognized the special needs of people with fibromyalgia by creating a fibromyalgia self-help course. Although fibromyalgia patients were enrolling in the arthritis self-help course, they wanted more in-depth information on their condition, and certain issues unique to fibromyalgia were not being adequately addressed, explains **Michele Boutaugh**, MPH, vice president for patient and community services for the Arthritis Foundation.

“Fibromyalgia patients felt there was value in just being with people who had been diagnosed with fibromyalgia and who understood the unique patterns of the disease,” she says.

The need for a course that addresses the special concerns of fibromyalgia patients is great,

agrees **Christine Marschinke**, RN, who co-wrote the “Fibromyalgia Survivor Course” with Mark J. Pellegrino, MD. “The goal of this course is to help patients cope as effectively as they can and empower them to function as independently as possible with their fibromyalgia,” she explains. (For information on the “Fibromyalgia Survivor Course” and the “Fibromyalgia Self-Help Course,” see source box, p. 138.)

People need to understand what fibromyalgia is, its signs and symptoms, and its related conditions. “They need to know what the syndrome entails and what is going on with their bodies. They hurt and are fatigued but they look so good on the outside,” says Marschinke.

## *Focus on management techniques*

Once people understand what is happening in their bodies, they can learn coping skills and ways to manage the symptoms, says Marschinke. For example, patients need to identify their baseline of pain and how they can help control pain flare-ups. They might try alternative medicine like chiropractic or biofeedback. Certain kinds of drugs, vitamins, or herbs also might help their condition.

“Patients can’t expect one thing to work. It’s like having several pieces to a puzzle,” she explains. “Each individual has to work with their doctor to make that puzzle complete so they can function at their best.”

In the course taught at the Mayo Clinic, people are told there are things they can control and things they can’t control in their life. They focus on the things they can control and spend time learning strategies to improve their quality of life.

For example, they learn proper posture so they are not straining or fatiguing muscles. “Fibromyalgia patients have a very narrow path to follow. If they have bad posture, it will add to their fatigue and pain, so it is important to know the proper posture for standing, sitting, and lying down,” says Smith.

They also are taught a breathing technique for relaxation and encouraged to practice it at home a couple of times a day whether or not they feel stressed. Fibromyalgia patients often don’t recognize the level of stress they are living under, or the tension in their muscles, explains Smith.

It’s important for patients to do more than just sit and listen to the information. They need to set goals. For example, instead of just planning to

## SOURCES

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**Fibromyalgia Self-Help Course.** About 75% of the local chapters of the Arthritis Foundation now offer this course, which has a leaders manual and participant workbook. Also, training is available for health care workers who want to implement the course at their facilities. The cost for classes and training is set by each chapter. For more information, call your local chapter or contact the national Arthritis Foundation (address above).

**Fibromyalgia Survivor Course.** This course uses an instructors manual that includes 130 slides, a script, and a workbook, and which costs \$189. Individuals taking the course receive a participants workbook (\$5), and *Fibromyalgia: Managing the Pain* (\$8.34) and *The Fibromyalgia Survivor* (\$13.07), both written by J. Pellegrino, MD.

For orders of materials for 10 or more participants, the purchasing organization receives the instructors materials free and participants receive a 33% discount that equates to a cost of \$26.41 per student plus shipping and handling. Contact: Anadem Publishing, 3620 North High St., P.O. Box 14385, Columbus, OH 43214. Telephone: (800) 633-0055 or (614) 262-2539. Fax: (614) 262-6630. Web site: <http://www.anadem.com>.

exercise, they should set a goal to walk two minutes a day, three times a week, says Smith.

In the Arthritis Foundation's course, the participants agree to make specific changes in their lives based on the information they have learned in the lesson.

"Each week, participants share how difficult it was to make the change and whether or not they succeeded. The group interaction is important," says **Karen Downey**, RN, Arthritis Foundation Fibromyalgia Self-Help Course leader and trainer. Participants help each other. For example, if one person didn't succeed, the other group members can offer suggestions based on what has worked for them, she explains. ■

## Reader Questions

### Connect satisfaction surveys with QI efforts

*Phrase questions in a way that fosters objectivity*

**Question:** "What can be learned from patient satisfaction data? Are patient satisfaction surveys a good way to measure the effectiveness of a program or teaching? If the patient was satisfied, does that mean he or she learned the information? How do you use patient satisfaction to evaluate programs or instructors?"

**Answer:** In recent years, patient satisfaction surveys have been used at St. Francis Hospital & Health Center in Blue Island, IL, to evaluate patients' opinions of the nursing staff's efforts to educate them about their condition and care. Survey questions were designed to measure both dimensions of care and specific educational content, says **Juanita Gryfinski**, RN, MS, clinical nurse specialist at the hospital.

Surveys are conducted with an interview at the patient's bedside or with a telephone follow-up interview. During these interviews, patients are asked such questions as:

- How well did nursing staff educate you about your care, including treatment and equipment?
- Are you currently receiving teaching information to care for yourself after discharge?
- Were you instructed on things you could do to help decrease your pain?
- Did the nurse explain why you are in the hospital?
- Did you learn about the medication you are taking after you were discharged?
- Did your nurse explain your daily care?
- Did someone talk to you about going-home plans?

"Questions such as these not only give the surveyor information about a patient's satisfaction with care — the assumption being an informed patient is a satisfied patient — but also elicit information about patient education content," says Gryfinski.

Patients discharged from Grant/Riverside Methodist Hospital in Columbus, OH, are mailed a satisfaction survey from Press, Ganey Associates, a South Bend, IN-based satisfaction measurement firm.

Although the survey doesn't have specific questions pertaining to patient education, **BJ Hansen**, patient education coordinator at the hospital system, looks at statistics from six questions that could have relevance to the quality of teaching. Questions she reviews on each quarterly report include:

- Did nurses inform you about your tests and treatments?
- Did someone explain what was happening during tests and treatments?
- Did the physician inform you about your treatment?
- Did your family receive information regarding your test and treatment?
- Did you receive instructions for your special diet?
- Did you receive instructions for your care at home?

If the survey results identify low scores in any of these six areas, this provides an opportunity for improvement, says Hansen. For example, when scores indicated that nurses needed to do a better job informing patients about tests and treatments, focus groups were organized to determine ways to improve.

### *Use satisfaction measures with care*

Patient satisfaction with a program or class doesn't mean it is meeting its goals and objectives, says **Kate Lorig**, RN, DrPH, director of the Stanford Patient Education Research Center in Palo Alto, CA. To discover a program's strengths and weaknesses, ask specific questions about content, not whether they liked the course, she advises. For example, ask participants such questions as:

- If you could only keep three things in this course, what would you keep?
- If you were forced to shorten this course, what would be the three things you would get rid of?

"If you ask people what they like best and what they like least about a course, they will tell you everything and nothing," says Lorig.

Questions must be worded with care, agrees Gryfinski. "Patient objectivity is only as good as the questions you ask," she explains. If the questions asked in surveys are framed well, patient's answers will be objective. For example, asking a patient if he or she received information regarding plans for going home can only be answered either "yes" or "no." There is no room for subjectivity.

Also, a patient will be able to be more objective if he or she understands hospital procedures and what to expect, says Hansen. For example, a patient who expects to be pain-free after surgery won't report high satisfaction with pain management teaching. Therefore, patient education should include information on hospital procedure and on what patients and families should expect, such as visiting hours and meal service. "We try to address all the areas that influence attitude and expectations as part of education," explains Hansen.

Satisfaction with teaching doesn't equal learning, says Hansen. Patients might be satisfied because a fear or concern they had about surgery was addressed, not because they completely understand their post-op instructions.

Yet a surveyor can investigate learning by his or her line of questioning if the satisfaction survey is completed by an interviewer, says Gryfinski. For example, when measuring issues surrounding patient satisfaction with efficiency in answering the call light, surveyors will ask patients if they used the call light to alert a nurse to their need for pain medication. If they did, the line of questioning can segue into pain management. For example, the surveyor can find out what the patient was taught about pain control strategies preoperatively, or if the patient worried about the side effects of pain medication.

By including such questions in patient satisfaction surveys, patients realize there is a relationship between their knowledge and understanding of their visit and their overall happiness with the hospital itself, says Gryfinski. ■

## **SOURCES**

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# Address emotional barriers quickly

## *Pair detailed assessment with informal assessments*

“Any kind of emotional upheaval is a powerful distraction from learning,” says **Yvonne Brookes**, patient education liaison at Baptist Health Systems of South Florida in Miami. When patients are ill or in pain, they are usually focused on their physical and emotional stress and can be difficult to teach.

Anxiety and depression are two common emotions patients experience when faced with illness, says Brookes. In addition, they might be in a state of denial, refusing to acknowledge the existence of a health problem.

Anger also can be a stumbling block to learning. While the underlying cause of the anger usually is the disease, a patient’s anger can be triggered by a number of factors, including something the patient’s physician has done, says **Molly Hottinger**, RN, PHN, an educator in the patient learning center at Fairview University Medical Center in Minneapolis.

When patients feel there is too much to learn to manage the disease, they become overwhelmed, and this feeling also can hamper the education process. They may not be open to learning new skills, such as injecting a drug, says Hottinger. The anger or feeling of being overwhelmed needs to dissipate first.

If teaching is to take place, emotional barriers must be addressed quickly, agrees Brookes. When social, financial, or environmental issues are causing worries and distractions, the appropriate discipline needs to be called in to work with the patient. For example, if a mother is worried about the care of her children while she is in the hospital, the social work department can be notified and asked for help.

## *Assessment uncovers barriers*

To identify barriers and address them in a timely manner, a good initial assessment must be conducted, followed by more informal assessments before teaching takes place, says Brookes.

Many hospitals have added social and cultural questions to the assessment that is completed upon admission so emotional issues can be better identified in a timely manner. For example,

patients are asked about such worries as financial hardships, and how they see their illness interfering with their life.

Although nurses can’t go through the long assessment each time they want to teach the patient, they can ask questions to see if issues causing emotional distress have been addressed, says Brookes. For example, nurses can ask whether the social worker has been to see the patient.

Quick questions also can help identify emotional barriers that still need to be resolved before teaching can take place. To see if the patient is in denial, ask the patient to explain why he or she is in the hospital, says Brookes. If the patient’s answer doesn’t coincide with the physician’s reason for admitting the patient, this could signal an unwillingness to accept the diagnosis.

Watch a patient’s body language as well, says Hottinger. When people display crossed arms, tight lips, and poor eye contact, they could be angry. “I often ask if they are ready to learn or if there is something bothering them,” she explains. Let the patient explain what is making him or her angry and sympathize with the patient, but don’t feed the anger. Listening is an important skill every educator needs to develop, she says.

Patients who are overwhelmed need to feel confident. While they may understand what they are being taught, they don’t always feel competent to carry it out, says **Zeev Neuwirth**, MD, assistant professor of medicine at Mount Sinai Medical School and faculty physician at Lenox Hill Hospital in New York City.

For example, patients may understand the importance of changing their diet in an effort to manage their disease. However, they may not be able to make the necessary changes. The required food might be too expensive or it might not be readily available. In addition to asking if the information makes sense to the patient, ask if the patient can do what you have asked, advises Neuwirth.

Also, patients might become more willing to attempt behavior change if the educator can provide the patient with a different point of view. For example, a patient asked to start an exercise program may see all kinds of reasons why that can’t happen, such as a high workload or too many social obligations. Yet, an educator can take the facts the patient provides and paint a different picture, says Neuwirth. For example, exercise could provide an opportunity to get away from the office and ease some of the patient’s stress.

## SOURCES

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When teaching patients a skill, begin with the easy tasks first to build confidence, says Hottinger. Use a lot of positive reinforcement. When patients are having trouble learning a task, point out what they are doing well. By building on successes, the patient will realize he or she can master the skill, she explains.

Timing is very important, says Brookes. "In the beginning, it may be more important to help patients express their fears instead of pushing them to receive information," she says. ■

## Discover health needs by looking in unlikely places

### *Programs generated from unusual data sources*

Riverside Health System in Newport News, VA, is involved in several projects to promote a healthy community. Each project is selected to target community needs not currently being addressed. "We make our decisions based on our mission statement, which is to improve the health status of citizens within the communities we serve," says **Caroline Martin**, RN, MHA, executive vice president of the health system.

Community needs are discovered in a variety of innovative ways. They include:

- **Referral service data.**

At the 24-hour health communication center run by Riverside, health issues aren't the only

topic of discussion. The line doubles as a center for general aid referrals as well. Callers ask about resources for food, rent subsidies, or help when their electricity is about to be turned off.

"Because we are the referral service for the community, we know what referring agencies are out there and where individuals fall between the cracks," says Martin. This helps the health system know which agencies to partner with to help individuals obtain basic living necessities, thus improving community health and preventing illness.

- **Cancer tumor registry.**

Riverside Health System compiles data from its cancer tumor registry that can signal a need within the community. Previously, data showed an abnormal amount of early breast cancer detection among minority women in the hospital's service area. Therefore, the health system applied for a grant to create a program for the target patient group that would increase awareness and provide early mammogram screenings.

"When we identified that need from our cancer tumor registry, we went to look for funding that might help us meet that need," says Martin. **(For more information on obtaining grants to fund patient education programs, see cover story.)**

- **Survey process.**

"Parish nursing" programs use nurses to help manage or prevent chronic diseases by delivering holistic care to members of churches, synagogues, and mosques. While these programs have provided much-needed health care services to people throughout the United States, Riverside Health System wanted to be sure the program was right for its region. The health system conducted a survey of all the houses of worship within the community to see if spiritual leaders saw a need within their congregations. **(For information on how to start a parish nursing program, see *Patient Education Management*, April 1997, pp. 44-46.)**

Once interest was shown, the health system hosted a seminar on parish nursing to explain the program further. It also sent one of its nurses to a parish nurse education program so she could provide education to others. The health system also conducts a parish nurse support group so these nurses have a place to share ideas and support each other.

Riverside also used a survey to verify health concerns identified in a formal community needs

## SOURCES

For more information on discovering the health needs of your community, contact:

**Caroline Martin**, RN, MHA, Executive Vice President, Riverside Health System, 606 Denbigh Blvd., Suite 601, Newport News, VA 23608. Telephone: (757) 875-7500. Fax: (757) 872-8910. E-mail: caroline.martin@rivhs.com.

assessment conducted in partnership with the local chapter of the United Way. The partnership commissioned a random telephone survey to ask citizens what community health concerns they saw and whether they personally had these concerns as well.

"We were able to take the data collected from the community surveys and cross-check them with the actual statistics," says Martin. This helped the health care system assess the information and determine actual need rather than perceived need, she explains. ■

## Guidebook tutors staff authors

*Step-by-step instructions create clear copy*

To help staff create well-written patient handouts, members of the Patient Education Clearinghouse Committee at the University of Utah Hospitals and Clinics in Salt Lake City created guidelines for handout authors. The 26-page book offers resources for information gathering, a sample document for writers to follow, copyright information, tips on clear writing, a readability test, and a patient pretesting survey.

To help staff write clear copy, a two-page substitute word list also is included. For example,

the list suggests authors use the word "shortage" instead of "deficit," and "cut" rather than "incision." A checklist at the back of the book helps writers evaluate materials before they are submitted. The assessment includes the following criteria:

- Amount of information delivered is appropriate.
- Language level is appropriate for intended audience.
- The document maintains interest and attention.
- Text is clearly legible.
- Paragraphs are short.
- Main points stand out clearly.
- Illustrations are easy to understand.

"*An Author's Guide* has been used exclusively when we do inservices," says **Jackie A. Smith**, PhD, patient education coordinator at University of Utah Hospitals and Clinics. "It is a stand-alone product and easy to teach from. The book allows each area to become experts at developing their own materials, with my office and the Patient Education Clearinghouse Committee serving as resource people."

Although the book is institution-specific, Smith will share the book with others outside her system for a \$10 fee to cover printing and mailing costs. The book is accessible on the medical center's home page at <http://www.med.utah.edu/pated>. ■

## SOURCES

For more information on *An Authors Guide* or to order the book, contact:

**Jackie A. Smith**, PhD, Patient Education Coordinator, University of Utah Hospitals and Clinics, 50 North Medical Drive, Salt Lake City, UT 84132. Telephone: (801) 581-4804. Fax: (801) 585-5280. E-mail: jackie.smith@hsc.utah.edu.

## COMING IN FUTURE MONTHS

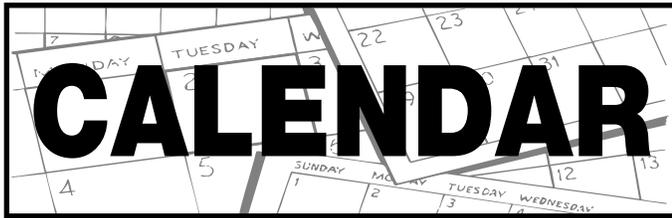
■ Obtain program funding via corporate donations

■ Address suffering for dying patients and families

■ Just-in-time education interventions

■ Bearing the burden of increasing regulations

■ Good? Bad? Adequate? Evaluating program effectiveness



• **Start Today for a Healthy Tomorrow** – Nov. 9-15. This Health Education Week is meant to be a time when patient education managers can demonstrate the importance of training and education of health care staff and patients. To help managers with their promotions, the Health Care Education Association has created a number of theme products such as buttons, posters, T-shirts, tote bags, mugs, and magnets. For rush delivery after Oct. 19th call Jim Coleman, Ltd. at (847) 398-7194. ■

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# Cut through catalog clutter by searching the Web

## Connecting to on-line resources

Looking for education tools for patients? Many companies have Web sites that introduce their products on-line. Brochures, pamphlets, books, videos, charts, and anatomical models can be conveniently researched via the Internet. You can often order on-line or fax orders using forms available on the site. Following are a few Web sites you may want to investigate:

- **American Institute of Preventive Medicine.** Self-care publications and wellness programs. Spanish titles available. Address: 30445 Northwestern Highway, Suite 350, Farmington Hills, MI 48334-3102. Telephone: (800) 345-2476 or (810) 539-1800. Fax: (810) 539-1808. Web site: <http://aipm.healthy.net>.
- **Anatomical Chart Company.** Patient education anatomical products including charts, models, books, posters and CD-ROMs. Address: 8221 Kimball Ave., Skokie, IL 60076-2956. Telephone: (800) 621-7500 or (847) 679-4700. Fax: (847) 674-0211. Web site: <http://www.anatomical.com>.
- **Creative Health Care Management.** Staff instruction videos including patient teaching, and books targeting management issues such as creating self-directed work groups. Address: 1701 E. 79th St., Suite 1, Minneapolis, MN 55625. Telephone: (800) 264-3246 or (612) 854-9015. Fax: (612) 854-1886. Web site: <http://www.chcm.com>.
- **Krames/Staywell.** Patient education materials including pamphlets and videos. Spanish titles available. Address: 1100 Grundy Lane, San Bruno, CA 94066-3030. Telephone: (800) 333-3032 or (650) 244-4450. Fax: (650) 244-4568. Web site: <http://www.krames.com>.
- **Milner-Fenwick.** Patient education materials including videos, booklets, and books. Spanish titles available. Address: 2125 Greenspring Dr., Timonium, MD 21093. Telephone: (800) 432-8433 or (410) 252-1700. Fax: (410) 252-6316. Web site: <http://www.milner-fenwick.com>.
- **Mosby.** Patient education materials including booklets, videos, and fold-out pamphlets. Address: 11830 Westline Industrial Drive, St. Louis, MO 63146-9806. Telephone: (800) 433-3803. Fax: (800) 535-9935. Web site: <http://www.mosby.com>.
- **Pritchett & Hull.** Patient education materials include books, pamphlets, brochures, flip cards,

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## CE objectives

After reading the November issue of *Patient Education Management*, the continuing education participant will be able to do the following:

1. Describe three ways to discover grant sources.
2. Name two symptoms common to fibromyalgia patients that should be addressed in educational courses.
3. Explain one way to ease patient anxiety so teaching can take place.
4. List two ways to improve pediatric medication management. ■