AMERICAN HEALTH CONSULTANTS

Patient Education Management™

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

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Meds, mind, and movement team for better pain control

Chronic pain problems best resolved with variety

People with chronic pain frequently undergo a desperate search for a pill or therapy to cure what ails them. But unfortunately, there is no magic-bullet therapy for chronic pain. The key to successfully managing chronic pain is a combination of pharmacological interventions, physical therapy, and behavioral medicine modalities, says **David Pacheco**, RPH, PAC, pain management clinical specialist at the New Mexico VA (Veterans Affairs) Health Care System in Albuquerque.

That's why the pain management clinic in this VA system uses a combination of all three interventions to treat chronic pain. "If people only use pharmacy

Pain management standards: Is your facility up to speed?

Don't run the risk of losing your accreditation

The first hurdle to overcome in developing a pain management strategy is the misconception that effective pain management is not a problem within your facility or does not need to be a high priority. Health care organizations constantly face pain management challenges, not only in treatment, but also in meeting Joint Commission on Accreditation of Healthcare Organizations standards for the

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***Focus on Pediatrics* insert**

COMING IN FUTURE ISSUES

- Correcting mistakes made in AIDS education
- Selecting appropriate instructors for support groups
- Hospital infection rate — can patient education help curb it?
- Information consumers need to know on flu shots
- Tailoring education to culturally specific groups

EXECUTIVE SUMMARY

In July 2002, *Patient Education Management* began a series on educating patients about symptom management with an article on cancer fatigue. Last month, we looked at menopause discussing its signs and symptoms and the options women have for alleviating them to improve their quality of life. This month, we look at chronic pain, a health problem that impacts many Americans. For most, there is no cure. However, an interdisciplinary approach that includes physical therapy, behavioral medicine, and pharmacy can bring some relief and help people begin living again. It is a balance of these three components that helps chronic pain patients manage symptoms, says **David Pacheco**, RPH, PAC, pain management clinical specialist at the New Mexico VA (Veterans Affairs) Health Care System in Albuquerque.

the probability of successful chronic pain management is going to be slim," he says.

Successful pain management requires a change in mindset and behavior as well as proper medication. Chronic pain sufferers often become socially isolated and suffer from depression because these active members of the community suddenly have trouble getting out of bed. "Changes in their lifestyle augment their stressors, and therefore the pain is increased," says Pacheco.

The goal of treatment for chronic pain patients is to help them retrieve as much of their former lifestyle as they can. Part of the teaching process, however, is to help patients accept their new role in society because, for many, their lives never will be the same.

In consultations with patients, Pacheco tells them that the treatment of their chronic pain is no different than hypertension or diabetes. A single treatment for these diseases may mask some difficulty, but until they start changing their lifestyle, they aren't really going to get better. Patients must actively be involved in physical activity, mental coping skills, and compliance with their medication. It's a whole-body approach that includes proper diet as well, says Pacheco.

Patients referred to the pain clinic at the New Mexico VA by their physicians frequently are in pain because of failed back procedures, motor vehicle- or work-related accidents, muscular-type pain such as fibromyalgia, headaches, and pain from arthritis. Following referral, these pain sufferers undergo a series of consultations meeting

individually with professionals from pharmacy, physical therapy, and behavioral medicine.

The assessment includes a patient's history and past treatments for pain, what has worked and what hasn't. Also, the patient's goals are assessed, including what they expect to get out of pain management therapy. Patients often think that the modalities available can cure pain, but more than likely that is not the case. "What we try to do is incorporate methods that will help the patient manage pain better," says Pacheco. Patients are advised to sample a variety of therapies to determine what might work.

While trying techniques such as guided imagery or biofeedback is appropriate, it is important that the regimen for pain control includes medication, physical activity, and mind-oriented therapies, says Pacheco.

Patients frequently are not getting adequate relief from pain medications. There are two reasons for patients with chronic pain to take opioids, which are the painkillers, says Pacheco. They produce adequate analgesia, meaning that they make the person comfortable enough to say the pain is tolerable, and they make it possible for the patient to increase physical activity.

"We let it be known early on that we need to know if the pain medication is not adequate so that we can do adjustments or switch medications to find something that will work," says Pacheco. Sustained, or long-acting, medication works best for chronic pain because it provides baseline pain control. Immediate-release pain medications are quickly gone from the system, so they must be taken at frequent intervals to sustain adequate pain control, he says.

In addition to adjusting medications, appropriate physical activity is initiated at the pain clinic. Chronic pain patients who remain active do not deteriorate as much as those who are sedate. Conditioning with physical therapy helped one patient who had been bedridden for many years walk up a flight of stairs, says Pacheco. However, without adequate pain medications, patients will have difficulty moving around so the two go hand-in-hand.

The appropriate physical activity must be determined as well. For some, a series of exercises work well, while others find pool therapy helpful. Exercise in the water allows for less weight bearing on the joints so that people with chronic pain, especially those who are overweight, are better able to be physically active, explains Pacheco. Other forms of exercise that help chronic pain patients include tai chi and yoga, he says.

A good chronic pain management regimen is rounded out with techniques that divert patients' minds from pain, which tends to be their primary focus. "These are therapies that focus on distraction or helping patients cope with the pain," says Pacheco. This therapy might include teaching the patient relaxation techniques or using music therapy. It also might include helping the patient take up a hobby.

To keep pain under control long after leaving the pain management clinic, patients must develop good rapport with their health care provider and work with him or her to determine which medications are appropriate and how to incorporate physical activity and complementary therapies into the pain management regimen. When patients are interested in trying an herbal remedy or a treatment such as acupuncture, they first should do their homework and then speak to their physician, says Pacheco.

Pacheco tells people with chronic pain that they need to have support with their therapy from their provider. If they don't have strong support from their provider, then they need to find someone who will work with them. ■

SOURCE

For more information about managing chronic pain, contact:

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In complementary therapy, the more info, the better

Patients making informed decisions improve care

Look at the headlines of consumer publications, and it becomes obvious that Americans are interested in complementary therapies. Therefore, many health care administrators are developing policy on complementary therapies realizing that a "don't-ask-don't-tell" strategy won't meet the needs

EXECUTIVE SUMMARY

Americans are taking herbal medicines, scheduling appointments with massage therapists, and seeking out other complementary therapies to improve their health. Now health care facilities must decide how much or how little to participate in this trend. Some are including questions about complementary therapies on admission assessments because they may interfere with traditional treatments. Other health care facilities are going much further, providing education on complementary therapies and even offering some modalities in-house.

of their patients. **(For an example of specific policy, see article on p. 102.)**

M.D. Anderson Cancer Center in Houston is diligently working to provide patients with facts about complementary therapy so they can make informed decisions, reports **Laura Baynham-Fletcher**, MA, LPC, director of the Place of Wellness at the facility.

The Place of Wellness offers cancer patients opportunities to participate in various therapies; but before they make a selection, they attend a class to learn more about the therapy so that they can determine if it will complement their cancer treatment. Classes on such modalities as self-hypnosis, relaxation, or guided imagery include a short history of the modality, a little about how it may be used within the cancer context, what qualifications are needed by a practitioner, and then participants experience the technique so they understand what it's all about.

Informational classes on modalities not offered at the Place of Wellness also are provided. For example, educational sessions on healing touch and reiki are offered because people are using the services in the community. However, in these classes, participants see a demonstration of the modality rather than participate in an exercise using it.

Therapies are not endorsed, nor are patients advised against the therapy. "We are of the inclination to help you get all the information that is available on that modality rather than just putting our foot down," says Baynham-Fletcher.

Many complementary therapies are offered to patients and consumers through the Collaborative Medicine Program at South Miami (FL) Hospital, but they must be evidence-based. "We are always looking at what is evidence-based, and we follow the literature and good medical research," reports **Kathryn Bishopric**, LCSW, RN, BSN, manager of Counseling Services. Good research is being conducted at the National Institutes of Health, National Center for Complementary and Alternative Medicine in Bethesda, MD, she adds. (The web address is www.nccam.nih.gov.)

Massage therapy is offered to the patients and the community at large. Meditation, stress management programs, and support groups are available to the community and specific patient groups such as those on the oncology unit, in radiation therapy, and in cardiac rehab. Also open to patients are the expressive therapies such as art therapy, journaling, poetry therapy, music therapy, and dance and movement therapy. Patients can participate in hypnotherapy and biofeedback available in the psychology department by physician referral. Community outreach classes include tai chi and yoga. "People who come from the community into the programs pay, but people who are part of inpatient care like cardiac rehab or radiation therapy receive the therapies for free," says Bishopric.

The dietary and pharmacy departments at South Miami Hospital worked together to create a packet of evidence based information about herbals and dietary supplements. It provides general warnings and contraindications and is given to patients at the nurse's discretion, says Bishopric.

While it is important to educate consumers about complementary therapy, equally important is the education of health care professionals. The medical director for the Collaborative Medicine Program and a member of the Complementary Medicine Committee at South Miami Hospital teaches staff about nonpharmacological pain management covering such modalities as acupuncture and the expressive therapies. Information on evidence-based modalities is provided, but also included in the classes is discussion of interventions consumers might be using that have not been studied properly, says Bishopric. The classes are scheduled monthly.

Providers need education, too

At M.D. Anderson, work on an Internet site is in progress, which is known as the CIMER (complementary integrative medicine educational research). It is designed to educate faculty and staff about various modalities by providing an analysis of the research that has been done on them. "Many times, the consumer is more savvy about these things than the practitioner, says

Baynham-Fletcher. (The CIMER web address is www.mdanderson.org/cimer.)

An educated provider not only would be able to have an educated discussion with patients about a complementary therapy, he or she would be able to refer patients to practitioners when appropriate. Referrals are not a common practice now at M.D. Anderson because there are no clinical pathways for particular cancers such as leukemia that include complementary therapy. Currently, not enough research has been done to develop such pathways either, says Baynham-Fletcher. "When a physician makes a recommendation or referral, it becomes a therapeutic intervention, and is very different from saying, 'We have some support groups you might check out,'" she says.

At South Miami Hospital, a few physicians will refer patients to complementary therapies for specific conditions. For example, a pulmonary specialist refers asthma patients to the mindfulness-based stress-reduction program, which is an in-depth meditation-training course that also integrates some yoga movement exercise, says Bishopric.

Patients with chronic fatigue syndrome, fibromyalgia, and irritable bowel syndrome also are being referred to the mindfulness-based stress-reduction program. "It is really a small percentage of doctors who are making those kinds of referrals, and they usually are a last resort," says Bishopric. A few other physicians refer patients to alternative therapies as a preventative measure.

Cardiothoracic surgery patients at New York-Presbyterian Hospital in New York City are offered a massage session and cardiac appropriate yoga classes, which are held on the unit one day a week. In addition, they are told about guided imagery audiotapes when they come in for their consultation prior to surgery. (The tapes are developed by Belleruth Naparstek — www.healthjourneys.com.) Those patients who are interested are put in touch with the clinical services coordinator at the Columbia Integrative Medicine Program.

The complementary therapies are offered to cardiothoracic surgery patients because the Integrative Medicine Program only provides services and referrals to patients if conducting research in that area. "It is our ultimate goal to provide more information and services for all types of patients, their family members, and hospital staff. We also plan to expand our research efforts to include other patient populations," says **Traci R. Stein**, MPH, CHES, director, Columbia Integrative Medicine Program, College of Physicians & Surgeons of Columbia University in New York City.

SOURCES

For more information about addressing complementary policy in hospital policy and procedures, contact:

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- **Kathryn Bishopric**, LCSW, RN, BSN, Manager, Counseling Services, South Miami Hospital, 6200 S.W. 73rd St., Miami, FL 33143. Telephone: (786) 662-400, ext. 24141. E-mail: kathrynb@bhssf.org.
- **Traci R. Stein**, MPH, CHES, Director, Columbia Integrative Medicine Program, College of Physicians & Surgeons of Columbia University, 177 Fort Washington Ave., MHB 7-435, New York, NY 10032. Telephone: (212) 305-9598. E-mail: ts2007@columbia.edu.

Should patients scheduled for cardiothoracic surgery request services that are not offered by this health care facility, such as healing touch or acupuncture; they are referred to outside, per diem practitioners. Stein and her colleagues recommend practitioners whose credentials have been reviewed and whom they have met. "We typically only refer to practitioners whose services we have witnessed or experienced directly or who come referred by other professionals in the medical center/university," she says.

Familiarity with the therapy also is a must. They typically not only want to know that the research that has been done, but they also want to have experienced that type of therapy before making a referral. They also look at the risks to the patient vs. the benefits and modify the therapy for the patient population.

While patients may ask about the use of complementary therapies during their treatment, they don't always volunteer information about the various therapies they are using when they enter treatment. Often they don't see the necessity of it. That is why M.D. Anderson is in the process of working on a new inpatient nursing assessment that will be part of the electronic medical records that solicits information about the patient's use of complementary therapy. "That question of use of complementary therapy is going to be asked of every inpatient and that model will be used for outpatient areas eventually so that we do consistently ask," says Baynham-Fletcher.

(Editor's note: For another pain management education resource, see the info on an upcoming audio conference on p. 97.) ■

Policy provides direction for complementary therapy

Dos and don'ts spelled out at Grant Medical Center

At Grant Medical Center in Columbus, OH, the patient's use of complementary therapies are addressed upon admission. "Our main focus is in assessing the patient's use or desire to use complementary therapy. We know that patients often do not feel comfortable telling us about the use of alternative therapies," says **BJ Hansen**, BSN, patient education coordinator, Grant/Riverside Methodist Hospitals in Columbus. From that point, the doctor and patient can discuss the therapies and how they may affect the patient during treatment.

The assessment is part of hospital policy because the use of complementary therapies may affect planning for a patient's care. The policy for the use of complementary and supplemental therapies also is spelled out and covers three categories. The first is herbal therapies or dietary supplemental therapies described in the policy as "non-FDA-approved oral preparations such as ginkgo biloba and St. John's wort."

The second category is complementary or alternative therapies, defined as "therapy not accepted as traditional Western medicine." Examples include acupuncture, massage therapy, and herbal medicines. The third category is supplementary measures, which are "therapies that do not require manipulation, administration of a substance, or use of needles or other invasive treatments." These include pet, art, and music therapy.

The policy for approved complementary and supplemental therapies at Grant Medical Center reads as follows:

• **Herbal or supplemental dietary therapies**

1. If a patient requests herbal or other supplemental dietary therapy, the physician must carefully review each patient request based on the therapeutic benefit vs. the risk.

2. If the physician approves the therapy, he or she must write an order for the therapy.

3. If a patient requests a complementary therapy that the physician will not approve, the ethics committee may be consulted. This committee is advisory in nature and will attempt to achieve consensus among parties.

4. The pharmacy will be notified of the substance ordered from the copy of the written order. The hospital pharmacy will not stock or dispense non-FDA-approved agents. Patients will be required to have their own supply.

5. The procedure for "Patient's Own Medication" will be followed for administration and recording.

• **Other complementary therapies**

1. If a patient requests a complementary therapy, physicians carefully must review each patient request based on the therapeutic benefit vs. risk.

2. If the physician approves the therapy, he or she must write an order for the therapy.

3. If a patient requests a complementary therapy that the physician will not approve, the ethics committee may be consulted. This committee is advisory in nature and will attempt to achieve consensus among parties.

4. Complementary therapy providers will be approved by the board following the current procedures for granting privileges or allied health practitioner approval.

• **Supplemental measures**

1. Supplemental measures may be offered to a patient as part of the comprehensive care provided by Grant Medical Center.

2. If a patient wishes to participate in therapy, it is documented in the medical record.

3. A patient may opt not to participate in the therapy.

4. Providers of supplemental measures, such as art therapy, pet therapy, etc., are often volunteers and do not require credentialing. For pet therapy, the guidelines defined in SPP PAWS4 (in-house policy code) must be followed. ■

SOURCE

For more information about this policy or creating policy on complementary therapy, contact:

- **BJ Hansen**, BSN, Patient Education Coordinator, Grant/Riverside Methodist Hospitals, 111 S. Grant Ave., Columbus, OH 43215. Telephone: (614) 566-5613. E-mail: bhansen@ohiohealth.com.

Tools link staff to on-line teaching sheets

Step-by-step instructions gives easy access, success

The intranet at Children's Healthcare of Atlanta has a multitude of patient education information to aid clinical staff in teaching patients. About

EXECUTIVE SUMMARY

After reading the August cover story in *Patient Education Management* about implementing changes to better manage patient education departments and programs, **Kathy Ordelt**, RN, CRRN, CPN, patient and family education coordinator at Children's Healthcare of Atlanta, called to discuss the importance of staff education in this process. Loading educational materials onto the hospital intranet may save time and money in printing, distribution and monitoring of inventory, but if staff can't find the information to give to patients, the changes are not beneficial, she said. In this piece, Ordelt discusses the simple staff education method she helped devise to make sure that the teaching sheets on the intranet were being used.

700 teaching sheets created in-house are on-line. Also, several commercial sources for educational materials are on the intranet, including Micromedex, MD Consult, and Pediatric Advisor. However, these references are to be used as back-up resources to the in-house materials. **(For more information on these commercial resources, see source list at the end of this article.)**

"Anything specific to Children's Healthcare of Atlanta is our first resource for educating patients and family. We are also loading some of our booklets on-line now," says **Kathy Ordelt**, RN, CRRN, CPN, patient and family education coordinator.

The patient education resources are loaded on the intranet under a reference tab. Yet what the education department discovered is that putting materials on-line didn't necessarily mean they were easily accessible to staff. One problem is that clinical staff often are not computer-savvy. "They don't have the knowledge or the skills that enable them to be able to navigate the system," says Ordelt. Time also is a problem, for it often takes staff too long to get to the resource.

Normally, in clinical settings, patient care programs are open on the computers. In that way, it is convenient to order tests or put in physician orders. As a result, it is important that staff know how to navigate the intranet to find the educational resources in an easy manner that makes good use of their time, says Ordelt.

To make sure that staff could quickly find the appropriate links for educational resources and knew what to do once the program opened, two tools were created. One tool is an 8½- by 11-inch brightly colored, laminated sheet that lists the resources, how to get to them on the intranet, and what to do once they are uncovered. The sheet can be hung on a bulletin board next to the computer in the nurse's station. A second tool has the same content but is designed in a different format. The information is on flip cards held together by a notebook ring. These flip cards often are hung on a plastic stick-on hook on the side of the computer.

The laminated sheet and flip cards first explain how to log on to the intranet. Once they are on the intranet, they are instructed to click on the reference tab and then the reference source they want, whether in-house teaching sheets or a commercial source, and the step-by-step instructions continue providing the guidance needed to help staff find the appropriate teaching sheet.

Six topics covered

The tools have directions to four teaching resources (the in-house sheets and three commercial products), the Spanish communication guide that helps staff with Spanish terms and phrases until an interpreter arrives, and a staff education source called "Take Five for Patient and Family Education."

With Take Five, staff can read about a patient and family education topic and print it out to take with them in just five minutes. At the end of the year, they get to add up all the five-minute intervals they spent on education and receive inservice credits. "This year, we are going through the Joint Commission standards in the 'Take Five' series," says Ordelt.

After staff have read the directions a couple of times, they become familiar with the computer and how to navigate the intranet. They also become more familiar with the educational resources that are available to them. "It highlights the resources that we have. We were finding that staff would say, 'MD Consult; I have never heard of that.' These tools put the information right in front of their face. It's another way to publicize the programs we have," says Ordelt.

To ensure that staff would be able to reach the teachings sheets needed in a timely manner, a query box was added to the in-house collection. In this way, staff could type in a topic, such as pneumonia, and all the resources pertaining to that topic would come up on the screen. The three commercially available teaching programs on the Children's Healthcare of Atlanta intranet have either a query box or index that makes them easy to navigate. In

SOURCES

For more information about creating tools to help staff navigate the Intranet, contact:

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- **MD Consult**, 11830 Westline Industrial Drive, St. Louis, MO 63146. Telephone: (800) 401-9962 or (314) 997-1176. Web site: www.mdconsult.com.
- **Micromedex**, 6200 S. Syracuse Way, Suite 300, Greenwood Village, CO 80111-4710. Telephone: (800) 525-9083 or (303) 486-6400. Web site: www.micromedex.com.
- **Pediatric Advisor**, Clinical Reference Systems, McKesson Corp., 335 Interlocken Parkway, Broomfield, CO 80021. Telephone: (800) 237-8401 or (303) 664-6485. Web site: www.patienteducation.com.

addition, teaching programs and sheets pop up quickly on the screen as staff navigate the system looking for appropriate teaching materials.

"Whatever we release in patient education is great, but if staff aren't using it, they don't know about it, or don't know how to use it the resources won't do us any good, no matter how wonderful they are. We have to complete the whole process with staff education," says Ordelt. ■

Support group 'support' depends on many factors

Give endorsement to those willing to adhere

Support groups are initiated in several ways at Southwest Washington Medical Center in Vancouver, WA. Many departments see the need for support groups within their patient population and launch them, such as those targeting diabetes patients, says **Mary Paeth**, MBA, RD, patient and family education coordinator.

Individuals identify a need as well. "I have staff members who have an interest in a certain disease and want to help those who suffer with it and they have presented programs and developed support groups," she reports. Also, outside groups can use education space if they are willing to sign a contract regarding room use and liability.

The hospital currently has several cancer support groups such as breast, prostate, kids with

EXECUTIVE SUMMARY

Support groups have become commonplace throughout health care institutions. Many people find that interaction with others who share the problems created by their disease helpful. It also is a time to gain knowledge. Therefore, *Patient Education Management* will discuss the anatomy of a successful support group in a series of articles that will run the next few months. The first article in our series will cover the setup process. Future pieces will discuss attracting participants, selecting and training leaders, and using the groups as an opportunity for ongoing education.

parents with cancer, and living with cancer. It also has support groups for patients with diabetes or amyotrophic lateral sclerosis (ALS; also known as Lou Gerig's disease) and women going through menopause. A support group for cardiac patients was dropped because of poor attendance.

There are two types of support groups at Great Plains Regional Medical Center in North Platte, NE. They include those that are sponsored by the health care facility and those that aren't. The sponsored groups have a representative from the medical center that attends meetings. They also are required to collect data that include their topic of discussion at the meeting, number in attendance, and speaker.

The sponsored groups meet at the medical center, supply refreshments, and the educational department does their mailings. These groups also have access to all the hospital newsletters and publications as well as assistance in attaining speakers, says **Barbara Petersen**, RN, patient education coordinator at Great Plains.

"We do not want to run their meeting and do not take on the role of chairperson or owner of the committee, but do want to be able to give input and keep them from giving out false information if they are sponsored by our facility," she says. The hospital representatives act as a contact person for the support group and facilitator. They are paid to attend meetings.

The nonsponsored groups also receive meeting space at the medical facility, refreshments, and assistance with finding speakers. However, they are not required to keep statistics or have a hospital representative present at meetings, and they do their own mailings. The medical center will place meeting dates on its web site.

At present, Great Plains has seven sponsored groups that include hospice, diabetes, Bosom

Audio conference

(Continued from page 97)

assessment and management of pain. Do you know how your facility measures up?

To help you meet these challenges, American Health Consultants offers the **"Complying with JCAHO Pain Management Standards: Is Your Facility at Risk?"** audio conference, scheduled for Oct. 8, 2002, from 2:30-3:30 p.m., Eastern Time. The facility fee is just $299, which includes free CE for your entire staff. The conference package also includes handouts, additional reading, 48-hour replay of the live conference, and a CD recording of the program.

Conference speakers **Patrice L. Spath**, RHIT, and **Michelle H. Pelling**, MBA, RN, will teach participants how to:

- comply with the new Joint Commission standards relating to pain medication range orders and titration;
- integrate the Joint Commission's "Speak Up" campaign into your patient education initiatives, which encourages patients to become active, involved and informed participants on the health care team;
- develop a performance measurement system to evaluate the effectiveness of pain management and continually monitor and improve outcomes;
- avoid documentation deficiencies and staff complacency that can derail your pain management program.

"Hospitals must have a systemwide standard of care for pain management that will reduce patient suffering from preventable pain," says Spath. "Failure to meet this standard of care can result in a Type I recommendation from JCAHO. But more important, inadequate pain management will undermine patients' confidence in the quality of care provided by your health care facility."

A Type I recommendation would require your health care organization to resolve insufficient or unsatisfactory pain management standards compliance in a specified amount of time to maintain your accreditation.

This audio conference is a must for hospital nursing directors and staff nurses, pharmacists, pain management team members, quality directors, risk mangers, accreditation/compliance directors, patient educators, case managers, ED managers/nurses, same-day surgery managers, and home health managers. Educational programs for hospital staff at all levels can ensure that sound pain management standards are understood and put into practice throughout your facility.

To register for this audio conference, call American Health Consultants at (800) 688-2421 and reference effort code: **62751.** ■

Buddies (breast cancer patients, families, and survivors), cancer support, cardiac support, sleep apnea, and pulmonary rehabilitation. There are 11 nonsponsored groups that include brain injury, lupus, multiple sclerosis, Seconds for Life (organ transplant group), arthritis support, fibromyalgia, caregivers, stroke, osteoporosis, ostomy, and gastric band and resection group.

What all successful groups have in common are individuals interested in keeping the groups active, which keeps attendance up, says Petersen. The ingredients for an effective group are a driven leader, organization, and a group of individuals willing to devote a small amount of time to their condition. "Support groups are a lot of work, but the ones that come and go are the ones without a leader with a passion for the topic or who is unwilling to give up a little time to devote to the success of the group."

Meeting space and time slots appropriate for the target population also contribute to the success of a group. Rooms must be handicap-accessible and have equipment appropriate for a meeting such as a VCR, slide projector, and grease board, says Petersen.

Time of day must be considered because seniors don't like to come out at night, but working adults can't attend meetings during regular business hours. "Knowing whether the patient population uses public transportation, cars, or relies on being dropped off determines where and when you schedule a group," says Paeth.

Weather patterns and holidays also must be taken into account. In Vancouver, the worst weather occurs in January and February, so support group meetings often are skipped during those months. The month of December usually has poor attendance as well due to the holidays, so the medical center often will have a big party instead of support groups. There will be food, demonstrations, and vendors on hand to give participants information on healthy gifts, meal ideas, and ways to live through the holidays with their disease issues.

To make sure groups are on track, Petersen frequently gets input from the group leaders or hospital contact people. Also, she looks at the statistical report she receives monthly from sponsored groups. She evaluates the attendance of each group yearly. "Low attendance does not necessarily mean

SOURCES

For more information about setting up a support group, contact:

- **Mary Paeth**, MBA, RD, Patient and Family Education Coordinator, Education Department, Southwest Washington Medical Center, P.O. Box 1600, 400 N.E. Mother Joseph Place, Vancouver, WA 98664. Telephone: (360) 514-6788. E-mail: mpaeth@swmedctr.com.
- **Barbara Petersen**, RN, Patient Education Coordinator, Great Plains Regional Medical Center, 601 W. Leota, North Platte, NE 69101. Telephone: (308) 535-8640. E-mail: petersenb@mail.gprmc.com.

a group needs to be dropped, but we look at all groups below four to six participants closely," she says. Sometimes a group that is floundering can get back on track by becoming more organized and publicizing meetings better.

Support groups are a means for ongoing education so essential for long-term compliance for patients with a chronic disease. "With many of these diseases, new information comes out frequently and a support group is a good way to find out about new medications, procedures, and devices," says Paeth.

Support groups also are a place where a patient's holistic needs are addressed, says **Donna Armstrong**, RN, OCN, oncology nurse coordinator for education and outreach at Southwest Washington Medical Center. "Validation of their feelings and total understanding from those who have been there or are presently there is a big part of why newly diagnosed cancer patients and other survivors want to come back," she says.

Feedback from group participants shows that support groups help people see they are not the only one with a particular problem, and they enjoy sharing ideas and knowledge, says Petersen. ■

Questionnaire helps heartburn sufferers identify GERD

Many people who think that the cause of their distress is heartburn may be suffering from gastroesophageal reflux disease, or GERD, which is chronic and can be very painful. A simple survey, however, can mean the difference between continued distress or relief, according to the International Foundation for Functional Gastrointestinal Disorders in Milwaukee. Anyone who answers yes to two or more of the following questions may have GERD, although only a visit to a physician can provide an accurate diagnosis:

- **Do you frequently have one or more of the following?**
  — An uncomfortable feeling behind the breastbone that seems to be moving upward from the stomach?
  — A burning sensation in the back of your throat?
  — A bitter, acid taste in your mouth?
- **Do you often experience these problems after a meal?**
- **Do you experience heartburn or acid indigestion two or more times per week?**
- **Do you find that antacids only provide temporary relief from your symptoms?**
- **Are you taking prescription medication to treat heartburn, but still having symptoms?** ■

Health observance week targets chronic heartburn

GERD often is mistaken for something else

It is not uncommon for people with gastroesophageal reflux disease, or GERD, to rush to the emergency department thinking that they are having a heart attack. Left untreated, the severe heartburn caused by GERD mimics cardiac chest pain. Of the 5 million people with chest pain admitted to the emergency department each year, about half are not experiencing a heart attack. About 60% of the noncardiac chest pain sufferers eventually will be diagnosed with GERD.

"Millions of Americans are affected by GERD, and they just don't know about it unless they have been diagnosed properly. GERD can essentially be like heartburn," says **Staci Sigman-Dennison**, director of development for the International Foundation for Functional Gastrointestinal Disorders (IFFGD) in Milwaukee.

That's why the foundation designated Nov. 24-30, 2002, as GERD Awareness Week. It is intended to help those suffering from the condition receive information needed for productive discussions with their physicians so that they can seek treatment options to improve their health.

To improve dialogue between patient and physician, IFFGD has created a seven-day diary for tracking heartburn frequency and eating habits. It is a tool to help patients discuss their symptoms with a physician so that they will be diagnosed and

given appropriate treatment. **(To learn about how to order this educational tool and others, see editor's note at the bottom of this article.)**

Most people have experienced that burning feeling in the chest that signals heartburn and over-the-counter medication will help it subside. Many Americans have frequent heartburn with about 40% experiencing it once a month and 15%-20% once a week. For this group, the symptoms are not cause for concern. However, those who experience heartburn more than twice a week should be checked for GERD, says Sigman-Dennison. **(See the short questionnaire people can take to determine if they might have GERD on p. 107.)**

While GERD is painful, improving one's lifestyle only is one reason to seek treatment. Another reason is that it can cause Barrett's esophagus, where cells on the lining of the esophagus become transformed, which is a precancerous condition.

People who suffer from GERD have a chronic problem of acid reflux, or the backflow of acidic stomach contents into the esophagus. This condition is caused when the band of muscles at the junction of the stomach and esophagus relax at inappropriate times, allowing for acid reflux to occur. Normally, these muscles, called the lower esophageal sphincter, act as a barrier to prevent the backflow of stomach contents only relaxing to allow food into the stomach.

For a proper diagnosis of GERD, people must see their physician and discuss their symptoms. Diagnostic tests may be used to confirm the diagnosis or to look for complications such as inflammation or Barrett's esophagus, according to IFFGD.

Tests may include giving the patient a medication used to treat GERD, called a proton pump inhibitor, on a trial basis to see if his or her symptoms are relieved in two weeks. Relief from symptoms usually means that the patient has GERD. An esophageal manometry may be ordered to determine if the esophagus and the lower esophageal sphincter are working properly. This test is done by inserting a thin tube through the nose into the esophagus.

A thin tube also is used to measure the amount of acid in the esophagus over a 24-hour period. This test is called esophageal pH monitoring and can determine how often reflux occurs and how much acid is present during reflux.

When the diagnosis of GERD is confirmed, medications usually are prescribed. H2 blockers and proton pump inhibitors are the two classes of drugs prescribed to treat GERD, according to IFFGD. Lifestyle modifications also are recommended.

SOURCE

For more information about GERD Awareness Week, contact:

- **Staci Sigman-Dennison**, Director of Development, International Foundation for Functional Gastrointestinal Disorders, P.O. Box 170864, Milwaukee, WI 53217-8076. Telephone: (888) 964-2001 or (414) 964-1799. Web site: www.aboutgerd.org.

Patients may be advised to reduce the amount of fat in their diet as well as caffeine and chocolate. The consumption of acidic foods, such as citrus or tomato products, either may need to be reduced or eliminated. Alcohol and smoking also adversely effect acid secretion, so patients will be

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Editorial Questions

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CE Questions

9. To help patients become informed consumers, the Place of Wellness at M.D. Anderson Cancer Center in Houston, provides educational classes on complementary therapies that include which of the following components?
A. Warnings against use of particular therapies
B. Use within cancer context
C. Recommendation of products
D. Recommendation of practitioners

10. The pain management clinic at New Mexico VA (Veterans Affairs) Health Care System in Albuquerque uses a combination of pharmacological interventions, physical therapy, and behavioral medicine modalities to successfully manage chronic pain.
A. True
B. False

11. Educational resources placed on the intranet are better utilized if staff are given which of the following?
A. Mandatory lessons on software programs
B. A manual on the system to study at home
C. A step-by-step instructional sheet
D. Conferences with software sales reps

12. Key ingredients for a successful support group include which of the following?
A. An enthusiastic leader
B. Organization
C. Individuals who want to improve their condition
D. All of the above

Answers: 9. B; 10. A; 11. C; 12. D

advised to eliminate the use of both alcohol and tobacco products. Refraining from going to bed within three to four hours after eating also helps.

Surgery may be needed if medical management cannot control patients' symptoms or complications occur.

[Editor's note: The International Foundation for Functional Gastrointestinal Disorders publishes a variety of booklets that can be ordered for educational purposes in bulk. The Daily Diary to help track symptoms can be purchased for $1 per single copy or $40 for 100 copies. A GERD brochure can be purchased for $30 for 100 copies or at $1 each. The shipping cost for orders more than $50 is 10% of the total order. For bulk orders less than $50, the shipping cost is $5. A complete list of publications can be obtained from the foundation. Call (414) 964-1799 for more information.] ■

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

Create child-friendly space in family libraries

Toys and storybooks provide welcoming atmosphere

Children who visit The Family Library at Egleston, which is part of Children's Healthcare of Atlanta, always are delighted by what they see, says **Arlen Gray**, MA, family library coordinator. That's because the library is designed with kids in mind.

The reading and activity table is about the height of a child and the chairs are miniature too. In addition, a railroad track runs around the table and the chairs, painted in primary colors, look like train cars. Plastic baby dolls with molded hair sit at the table.

Children's books are kept on low bookcases with those appropriate for very young children on the bottom shelf. In a separate display case, books lay flat so that the covers show and children easily can pick up the book to read. "If the books are in a case in the ordinary way with the spines out, a child will have trouble getting hold of them and pulling them out," explains Gray.

A toy nook at the back of the library is filled with plastic toys in bright colors, such as dump trucks, trains, a tea set, animals, and a ring set. Gray and library volunteers monitor the activity in the play nook and disinfect the toys after young children put items in their mouth or children are coughing in the area.

It's important for resource centers or family libraries to accommodate children, especially if there is a pediatric wing at the health care facility where it is located. "They need to have a pediatric section or a book nook on the wing itself. It makes so much difference to have entertainment materials for the children in any hospital setting because once they start feeling better, they need something to help them pass the time," says Gray.

At The Family Library at Egleston, about 15% of the book collection are titles to entertain children. There also are video selections that families can watch quietly at the library while waiting for test results or to pass the time when a sibling is in surgery. These items also can be checked out and taken back to the hospital room.

If a child is in isolation, one-way books, which are selections children take home with them upon discharge, are available. When a child-life specialist checks out a video for a child in isolation, the cardboard box stays outside the room and the video case and box are wiped with disinfectant before the video is returned to the library.

When children are well enough, they like to come to the library and make their own selections; therefore, the facility is wheelchair-accessible with a wide doorway and furniture pushed back against the walls so there is room to maneuver. The hospital also has red wagons with blankets and cushions that parents use to transport younger children to the library, and aisles need to accommodate these as well.

While the library clearly is a place for children, it also is a place for parents and other family members to come for educational materials and to research a specific diagnosis. About 60% of the material is for adults and about 25% is educational materials for different age groups. "We have a large proportion of children's cancer books," says Gray.

The children's area with child-sized furniture and lots of toys provides a place of entertainment while parents do their research. The library also is a place for children to go when they need to get away from their hospital room for a while. However, in both instances, children know it was designed for them.

"When they come around the corner, their eyes always light up because they see it is clearly a place for children," says Gray. ■

SOURCE

For more information about creating library space that is child-friendly, contact:

- **Arlen Gray**, MA, Family Library Coordinator, The Family Library at Egleston, Children's Healthcare of Atlanta, 1405 Clifton Road N.E., Atlanta, GA 30322. Telephone: (404) 315-2611. E-mail: arlen.gray@choa.org.

Better grades linked to a good breakfast

Better concentration a result for kids who refuel

Children who eat breakfast generally do better in school, according to nutritionists and the data back up their claims. In a recent study conducted with school children taking standardized tests, researchers found that those who ate breakfast did better overall than those who did not, says **Althea Zanecosky**, MS, RD, a spokeswoman for the American Dietetic Association in Chicago.

Zanecosky has two children in school, and every time a standardized test is scheduled, they bring home a note that reminds her to make sure that her children get a good night's sleep and eat a good breakfast before the test. "I am sure educators are aware of that data, but it is unfortunate that they don't remind parents every day," she says.

There is a simple reason for the correlation, says **Michele Shuker**, MS, RD, CSP, CNSD, outpatient clinical nutrition manager at Children's Hospital of Philadelphia. People with low blood sugar don't perform well because it is more difficult for them to focus and concentrate. Breakfast helps to refuel the body after an overnight fast and helps a person's blood sugar to remain more stable. However, it isn't just eating that makes a difference, it is eating a balanced meal, she says.

"Having a balance of carbohydrates, protein, and fat will help people feel more satisfied and their blood sugar doesn't fall as rapidly after a meal," explains Shuker. There are many ways to get this balance in a meal. For example, putting peanut butter on a bagel provides the necessary combination.

Eating a balanced meal helps to sustain a child until lunchtime, says Zanecosky. If it's a mixed meal, protein stays in the stomach three hours, and fat up to four hours. Start with at least two of the food groups and work your way up the pyramid, she advises parents.

Children often don't eat a good breakfast because there is not enough time, says Zanecosky. Parents need to consider what to do about the time issue. The breakfast table might be set the night before with bowls and boxes of cold cereal so that family members just need to grab the milk from the refrigerator. Or parents might cook larger portions on the weekend so that food already is prepared. She often makes a dozen pieces of French toast Saturday morning and puts them in the refrigerator to be reheated in a microwave throughout the week.

Another stumbling block is food selection. "To figure out what the child would like to eat, have him or her participate in food selection," says Shuker. It usually is easier to find foods children will eat if parents break away from traditional breakfast foods. There's nothing wrong with sandwiches for breakfast, she adds.

Developing a taste for many different foods is a learning process, so to help a child make wise selections, parents must teach them. A lot of children reject nutritional food that they are not familiar with; it is important that parents offer a variety of food to their children at an early age. "Parents don't realize what an impact they have on children's eating habits. Many foods are rejected in the school cafeteria because the kids have never had it at home," she says.

Not feeling hungry is another stumbling block to eating breakfast. When a child refuses to eat breakfast, it is important that he or she has an opportunity to eat a nutritional snack mid-morning when he or she feels hungry. Dried fruit or a handful of nuts placed in a plastic bag and tucked into a backpack will provide sustenance later. When children don't eat breakfast, it is more difficult for them to get the nutrients they need. "If a child is very resistant to eating breakfast, try to fill the rest of the day with mini-meals, which are 200- to 300-calorie meals," says Zanecosky.

Energy bars are not a good snack item because they are a food supplement, which means "in addition to," she says. Children don't get enough fruit, vegetables, and milk in their diet, so those are good snack items.

Young children generally need to eat every three hours, so healthy snacks are a good idea, agrees Shuker. The best choices are anything a child might have at a meal — only less, for example, crackers with cheese or pretzels and fruit. ■

SOURCES

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