

patient education MANAGEMENT

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

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2011 Reader Survey

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Don't get left behind: iPads making strong inroads with patient education

Educators find many ways to integrate technology

Patient education managers must stay abreast of the latest technology for delivering patient education to involve the learner and provide individualizing teaching to meet the needs of the learner, says **Fran London**, MS, RN, a health education specialist at The Emily Center, Phoenix (AZ) Children's Hospital.

"Technology can do both," she says. "The key is knowing your audience and using appropriate technology to reach that audience." (See article on p. 51 for details on London's suggestion for involving smartphone users in patient education.)

The use of iPads for teaching is one of the most beneficial recent trends in technology, says London. Conversations between a patient and clinician can be enhanced with media, and the iPad provides quick access to illustrations and videos, she says.

The Monday after the iPad was released to the public, educators at

EXECUTIVE SUMMARY

Technology is improving the way patient education managers oversee and offer education for patients. A few years ago educational materials were kept in a file drawer on hospital floors and in clinics. Now they are inventoried and distributed via the Intranet, keeping them up-to-date and readily available. Instantaneous access to educational resources is being greatly improved with the development of new handheld electronic devices.

- The Apple iPad, a handheld computing device, is used to educate children and adults with videos and illustrations.
- Technology can get the learner involved in the education process and provide a way to individualize teaching.

Florida Hospital for Children in Orlando began using them, says **Tim Burrill**, MBA, assistant administrator.

“We adopted that technology up front,” Burrill says. “The iPad is very simple to use, so we were able to grab onto that technology the minute it came out.”

Educational videos with animated characters produced in-house, that describe magnetic resonance imaging (MRI) and computed tomography (CT) scans, were loaded on to the electronic device to prepare children for the procedure. Also photos of the surgery suite were downloaded. These photos previously were reviewed via a picture book.

“The technology became a way to really grab children’s attention,” says Burrill. It is used by child life specialists to educate children and teens about procedures. Also it is used to distract children during a procedure. Children as young as 2 can be distracted with activities on the iPad, he says.

Burrill says hospital staff is researching what distraction games and tools are available for the device as well as educational opportunities. Currently, the best technology for education at the children’s hospital is its on-demand television system, he says. The hospital contracts with Bethesda, MD-based GetWellNetwork for on-demand patient education. (*For contact information, see resources, p. 51.*)

Possibilities for education seem endless

There has been lots of excitement about the iPad, a handheld computing device produced by Apple, since it made its debut in April 2010.

The web site KevinMD.com, described as “social media’s leading physician voice,” posted an article by **Joseph Kim**, MD, MPH, titled “10 ways an Apple iPad can help doctors improve patient care.” At the top of the list was “teaching patients.”

The author encouraged physicians to leverage the multimedia resources on an iPad to teach patients about specific diseases and conditions. The resources mentioned as examples were patient videos, animations, diagrams, and charts.

One company that is well known for its written patient education materials announced it is considering the development of programs for the iPad and smartphones. **Leah A. Scaramuzzo**, MSN, RN-BC, AOCN, associate director of nursing and patient education at the Cancer Institute of New Jersey in New Brunswick, was quick to take advantage of the iPad and Nook, an electronic reader, by providing them on a loan basis to patients through the facility’s Resource and Learning Center. Four adult iPads, two pediatric iPads, and two colored Nooks give patients who come to the clinics for treatment access to books, movies, games, and the Internet. (*To learn more about using electronic readers in consumer libraries and patient resource centers, see article on p. 52. To learn about choosing content for electronic readers, see article p. 53. For information on overcoming barriers to use of electronic devices, see article p. 53.*)

Patient education managers and coordinators will begin to stay abreast of the development of applications (apps) for electronic devices, such as

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EDITORIAL QUESTIONS

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the iPad, as something to deliver good education, Scaramuzzo says. (*To learn how a nonprofit organization created an app to educate on melanoma prevention, see Patient Education Management, February 2011, p. 17.*)

When patients began to search for information on the Internet, educators began to take steps to make sure they accessed web sites that were reliable, credible, up-to-date, and authoritative by providing links or information on how to assess a site, Scaramuzzo says. “I think the same holds true for apps,” she says. “We need to research what apps are out there to determine if they are credible, up-to-date, and safe for patients to use. We are in the process of doing that.” She is checking out iCANcer by Naomi R. Bartley, a free download app for iPads, iPhones, and iPod touch that helps patients manage their cancer. (*For information on how to obtain this app, see resources, right*)

Determine if teaching is improved

Technology can be incorporated into patient education in many ways to improve teaching. Often these technological advances provide additional ways of providing education or help solve barriers to education, such as a shortage of time.

The Cancer Prevention Center at MD Anderson in Houston, TX, keeps all teaching videos, which are produced in-house, in a folder available on desktop computers in each exam room. Once the nurse has met with the patient, he or she starts the appropriate video for the patient to watch while waiting for the physician. For example, in the dermatology skin screening clinic, every patient watches a video on proper sun protection and how to perform a self-exam of the skin. These educational videos run between five and seven minutes.

Lorianne Classen, MPH, CHES, senior health education specialist in the Patient Education Office at MD Anderson, says, “These videos provide patients the basic information on the subject in a clear and consistent manner across providers. The doctor can focus on answering patient specific questions and clarify information, instead of having to start from the beginning.”

The videos are developed by an in-house department and can be purchased by other health care facilities. (*For more information about the videos, see resources, right.*) Typically the Patient Education Office develops the scripts and monitors the development to make sure the videos are patient appropriate.

Like any teaching tool, whether a handout or

video, technology must be assessed to determine if it meets the educational goal. How do you determine the value of technology for patient education? “It should be judged on its ability to impact health outcomes,” says London. The key is using technology to actively involve the learner in the process, she adds.

SOURCES/ RESOURCES

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- **Leah A. Scaramuzzo**, MSN, RN-BC, AOCN, Associate Director of Nursing and Patient Education, The Cancer Institute of New Jersey, 195 Little Albany St., Room 1608, First Floor, Treatment Area, New Brunswick, NJ 08903-2681. Telephone: (732) 235-7405. E-mail: mrazla@umdnj.edu.
- **GetWellNetwork**, 7920 Norfolk Ave. 10th Floor, Bethesda, MD 20814-2500. Telephone: (877) 633-8496 or (240) 482-3200. Web: www.getwellnetwork.com.
- **iCANcer** by Naomi R. Bartley is a free download app available at itunes.apple.com/us/app/icancer/id389815342?mt=8.
- **MD Anderson Cancer Center** education videos, Patient Education Office, 1515 Holcombe Blvd. Unit 21, Houston, TX 77030. Telephone: (713) 792-7128. Videos cost \$65 plus \$10 shipping and handling. ■

Connect with smartphone users

Codes add value to patient education

Smartphone users are beginning to use a device called a “barcode scanner” that allows them to open Quick Response (QR) codes. These codes are found on a multitude of items including magazine ads, signs, business cards, and museum graphics,

says **Fran London**, MS, RN, a health education specialist at The Emily Center, a family health library at Phoenix (AZ) Children's Hospital.

Anyone with a barcode scanner on their phone can read the code by putting it in the telephone camera's view, she explains. The scanner takes the smartphone user to the link associated with the QR code, which can be anything from a web site URL to a Google map location. (*For more details on QR codes, see the source at the end of this article.*)

What does this have to do with patient education? According to London, there are web sites that can be used to create a QR code for free. Just search for "QR Code generator," she instructs. Once a QR code is established, it can be included on a teaching handout, for example. When the code is scanned, it might connect to a video that demonstrates the self-care skill for an area such as a dressing change, London explains.

While the QR code is not a way to communicate essential information to patients and their families, it is a free tool that facilitates interaction, she emphasizes.

SOURCE

For more information, contact:

• **Fran London**, MS, RN, Health Education Specialist, The Emily Center, Phoenix Children's Hospital, 1919 E. Thomas Road, Phoenix, AZ 85016-7710. Telephone: (602) 546-1408. E-mail: flondon@phoenixchildrens.com. Web: <http://notimetoteach.com/> To read detailed article: <http://notimetoteach.com/2011/qr-codes.> ■

It's a new world with electronic readers

New format meets the needs of certain patients

Patient and family resource centers might be a logical setting for such electronic devices as the Apple iPad or Nook electronic reader.

To find out if they would be beneficial to patrons, a pilot project is being set up at the Community Health Library within the Samuel and Sandra Hekemian Medical Library at Hackensack (NJ) University Medical Center. As a Planetree facility, the medical center embraces patient-centered care and therefore tries to have educational resources available in a variety of formats to meet the needs of patients and family members. For

example, there are books, short web site articles on computers, and materials for children and Spanish speakers.

"We figured we should have some electronic resources available as well," says **Deborah Magnan**, PT, MLIS, AHIP, associate librarian.

A donation from the medical staff has made it possible to purchase five iPads and five Nooks, which will be assessed by patrons to determine what they like and don't like about the devices. Because the iPads are not strictly an e-reader, they can have filtered web sites that people can access. This capability might be helpful when readers have a question about a disease that the book they are reading does not answer, says **Barbara Reich**, MLS, AHIP, director of the medical library. In addition, iPads have features such as a voiceover, which means patients can listen to a person read the book. The voiceover is available in 21 languages. Also web pages can be enlarged for people with visual impairments.

Promoting informed decision-making in health care is a goal of the consumer health service, and the content on the iPads and Nooks will help, says Reich.

New resources are popular

At the Cancer Institute of New Jersey in New Brunswick, the Resource and Learning Center began offering iPads and Nooks for one-day checkout in January 2011. The four adult iPads, two pediatric iPads, and two color Nooks became popular.

Although there are some educational books and videos on the electronic devices, they are primarily used for entertainment to divert patients' attention from their cancer diagnosis and treatment. Therefore, the devices also offer movies, games, and music. Patients and family members see the signs and flyers posted at the cancer institute to advertise the availability of iPads and Nooks at the Resource and Learning Center, so they go to check one out and see all the other educational materials available, says **Leah A. Scaramuzzo**, MSN, RN-BC, AOCN, associate director of nursing and

EXECUTIVE SUMMARY

Consumer health libraries and resource centers are adding iPads and Nooks as a new learning format. Electronic readers have many advantages.

- Patients have access to a multiple list of book titles and resources.
- The iPad provides access to web sites, as well as books, for additional research.

patient education.

The idea to purchase iPads and Nooks came about during a brainstorming session on how to increase patron visits to the resource center, which was opened in 2004. Some thought the latest technology might spark new interest. According to Scaramuzzo, there never has been more traffic to the center. In one month, patron visits increased by 20%. During treatment, people will start reading a book on a Nook or iPad on a topic such as nutrition and decide to checkout the hardcopy before returning home.

“As educators we need to find different ways to engage patients in learning, and this is one of the ways to engage patients,” Scaramuzzo says.

SOURCES

For more information about using iPads and Nooks in a consumer library, contact:

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Purpose drives choice of content for e-readers

Feedback from patrons assists effort

What content should go on electronic readers, such as iPads and Nooks, purchased for use in community health libraries and facility-based resource centers?

Staff at the Community Health Library within the Samuel and Sandra Hekemian Medical Library at Hackensack (NJ) University Medical Center wants to offer information found at their library in a new way. The plan for the pilot project, which is still in the research process, is to put a selection of materials on certain topics on each electronic device so there is variety from which to choose. For example, there might be books on asthma and cancer on one electronic reader, and books on cardiac disease and diabetes on another. Also, there might be two or three of the same titles on every device. One iPad

and one Nook will have identical content so staff can determine which device patrons prefer. Each device will have 30 to 40 titles.

According to **Barbara Reich**, MLS, AHIP, director of the medical library, her first thought was to have one Nook and one iPad dedicated to a specific disease, such as cancer. Then she realized that if the device was checked out, the topic would not be available to other patrons. “I began to realize things should be more evenly divided, with a few subjects on each device,” says Reich.

As the project progresses, it will be easier to determine what content to put on the electronic readers, says **Deborah Magnan**, PT, MLIS, AHIP, associate librarian. If patients are asking for books that are not on the iPads and Nooks, the librarians will know which titles to add. Also they will learn the value of the content by asking patrons to fill out a brief questionnaire after they use the iPad or Nook. Questions might include: “Was what you read helpful to you?” “Did you ask your doctor a different kind of question based on what you read?” “Did you look at your disease differently because of something you read?” and “Did the information change the way you make decisions?”

The questionnaire will help librarians know if the content impacted the patient’s care and decision-making process, explains Magnan.

Feedback from patients and family members using the electronic readers will provide future guidance for content choice. “In going forward it is important to have the patient give us feedback. This is a very new project, and we don’t know how it will be received,” says Magnan. ■

Overcoming barriers to e-reader use in education

Address problems one at a time

While electronic readers seem to be an innovative way to educate patients, the fact that they are new means there will be problems to address when implementing them.

One issue is infection control because the touch screens cannot be disinfected with any cleaning solutions currently available. To remedy this problem, staff members at the Community Health Library within the Samuel and Sandra Hekemian Medical Library at Hackensack (NJ) University Medical Center are investigating the purchase

of special cases. Brands they are considering include Aquapac Whanganui Electronics Case, TrendyDigital Waterguard waterproof case, and the iSkin Duo. These cases can be disinfected when the iPad or Nook is returned to the library. (*For information product web sites, see resources, below.*)

Because the cases are far less expensive than the e-readers, they can be replaced if they deteriorate after 40 or more cleanings, says **Barbara Reich**, MLS, AHIP, director of the medical library.

A good checkout policy needs to be in place as well, because iPads and Nooks are much more expensive than a book or DVD. Patrons of the library at Hackensack University Medical Center will be able to take the e-readers off-site, but they will need to have the cost covered by a credit card. If the device is not returned, the patron would be charged.

“If we were not going to allow people to take the devices out of the library there would be no need for the e-readers, they could just read everything on a computer. But portability is important for us in this type of a project,” says Reich.

To protect against loss or theft of the iPads and Nooks at the Resource and Learning Center at the Cancer Institute of New Jersey in New Brunswick, patients are asked to leave their driver’s license at the learning center when they check out an e-reader.

When selecting an e-reader to use in a library, note what digital rights management (DRM) govern the use of the device, says Reich. DRM is a system used to protect the copyrights of electronic media, but it might prohibit the use of an e-reader as a lending device in a library. To learn about the DRM on a device, staff at the Community Health Library read articles written by librarians who had started e-reader projects. These were uncovered during their literature search. The product web sites would sometimes have the information, and some online articles about e-readers had information as well.

In some cases problems will need to be worked out. For example, the Cancer Institute of New Jersey has to have a purchase order with a company in order to do business. Currently the Apple App store does not offer purchase orders for their products.

RESOURCES

To learn more about cases for iPads and Nooks to help with protection control, visit the following web sites:

• **Aquapac Whanganmi Electronics Case.** Web: www.aquapac.net/usastore/water-electronics. Cases cost \$45.00

for iPad and \$32.00 for Nook, plus shipping and handling.

• **iSkin Duo.** Web: iskin.com/ipad. Case for the iPad is \$39.99 plus shipping and handling.

• **TrendyDigital Waterguard Waterproof Case.** Web: trendydigital.com. Case for an iPad is \$19.99 plus shipping and handling. ■

Off to a good start: Tell women what to expect

Build confidence with prenatal breastfeeding ed

(Editor’s note: In response to the surgeon general’s “Call to Action to Support Breastfeeding,” in last month’s issue we covered best practice for initiating breastfeeding after birth, writing policy for education, and follow-up education after discharge. This month, we discuss prenatal breastfeeding education and what to cover in the curriculum.)

How much breastfeeding education should take place prenatally? “The more a mom knows about breastfeeding before her baby is born, the more likelihood of success,” says **Pam Chay**, RN, IBCLC, patient care coordinator for multiple births and education at Northwestern Memorial Hospital (NMH) in Chicago.

A three-hour class, offered three times each week, at Northwestern Memorial gives couples the information they need to walk away empowered to have a successful breastfeeding experience, she adds. “They have the tools and how to apply them when they have their baby. They feel more comfortable when they complete the class,” she says.

Holding prenatal breastfeeding classes is evidence-based practice, says **Laurie Mastrone**, RNC, IBCLC, a lactation consultant at St. Vincent’s Medical Center in Bridgeport, CT. “Women that are prepared and have prenatal education tend to feel more confident and do much better,” Mastrone explains.

A prenatal breastfeeding class helps pull

EXECUTIVE SUMMARY

To help women successfully breastfeed their babies, provide initial education in a prenatal setting, advise experts.

- Guidelines and literature review help create good curriculum.
- Resources help women achieve success.

together fragmented education during clinic visits, she says. Often couples do not get enough information to make an informed decision about what is best for them and the health benefits of breastfeeding, Mastrone adds. Also a prenatal breastfeeding class helps mothers become better advocates for themselves during the birth process. They are better able to state what they want, such as having the baby placed on their abdomen for skin-to-skin contact. They can ask nurses to hold off on the bath to embrace what is known as the “golden hour,” says Mastrone.

“I think prenatally women tend to be more like a sponge, absorbing information,” she says. “Once a woman delivers, she is distracted by the recovery of delivery and visitors. Also, post delivery, she can get information overload.”

Curriculum not a guessing game

Mastrone, who recently revised her prenatal breastfeeding curriculum, determined what to teach with the aid of several guidelines.

In April 2010, St. Vincent’s Medical Center was designated a Baby-Friendly Hospital. Therefore, she uses guidelines from Baby-Friendly USA based in East Sandwich, MA, to help determine what to teach, such as informing all pregnant women about the benefits and management of breastfeeding. This nonprofit organization implements the Baby-Friendly Hospital Initiative in the United States. (*For more detailed information on what the class covers, see article on p. 56.*) Also she used Protocol 19, “Breastfeeding Promotion in the Prenatal Setting,” from the Academy of Breastfeeding Medicine based in New Rochelle, NY. In addition she refers to the web site of the American Academy of Pediatrics in Elk Grove Village, IL. (*For more information, see resources, right.*)

The class is about two hours long and offered at no cost to couples, regardless of whether they will give birth at St. Vincent’s Medical Center. Those who attend are given a list of suggested books to read as well as web sites to access. The books include: “The Womanly Art of Breastfeeding,” “The Breastfeeding Book,” “The Nursing Mother’s Companion,” and “The Ultimate Breastfeeding Book of Answers.” Suggested web sites include: American Academy of Pediatrics, Baby Friendly USA, and the Connecticut Breastfeeding Coalition. (*For more details, see resources, right.*)

To determine what to teach in the prenatal breastfeeding class at Northwestern Memorial,

Chay reviewed literature for best practice. When the curriculum was revised and updated recently, she added information that addressed all the frequently asked questions. At the hospital, she spoke with nurses and international board certified lactation consultants about what they thought was important for parents to learn. Also she surveyed fathers who attended the breastfeeding classes to see what they thought was important for them.

The class is three hours long and costs \$50 per couple. Couples receive a book by Amy Spangler titled “Breastfeeding: A Parents Guide.” They are also given a DVD called “Breastfeeding Intensive.” (*For more information on these resources, see below.*)

“We encourage the moms and dads to go home and look through the book and watch the DVD,” Chay says. “If they have any other people in their lives who are going to be supporting them in their breastfeeding journey, we ask that they watch it with them as well. In that way everyone has the basic knowledge, and they are all on the same page.”

SOURCES/RESOURCES

For more information about creating curriculum for a prenatal breastfeeding class, contact:

- **Pam Chay**, RN, IBCLC, Patient Care Coordinator, Multiple Births and Education, Northwestern Memorial Hospital, 250 E. Superior, No. 03-2201, Chicago, IL 60611. Telephone: (312) 472-8946. E-mail: pchay@nmh.org.

For support of prenatal breastfeeding education classes, go to:

- **Academy of Breastfeeding Medicine**, 140 Huguenot St., Third Floor, New Rochelle, NY 10801. Telephone: (800) 990-4226 or (914) 740-2115. Web: www.bfmed.org.
- **American Academy of Pediatrics**, 141 Northwest Point Blvd., Elk Grove Village, IL 60007. Telephone: (847) 434-4000. Web: www.aap.org.
- **Baby-Friendly USA**, 327 Quaker Meeting House Road, East Sandwich, MA 02537. Web: www.babyfriendlyusa.org.
- **Connecticut Breastfeeding Coalition**, P.O. Box 203, Old Lyme, CT 06371. Web: breastfeedingct.org.

Books and DVDs:

- *Breastfeeding: A Parent’s Guide* by Amy Spangler is available at www.babygooroo.com. Select “Store.” The book is \$12.50, discounts for multiple orders: 25-499 books, \$4.75 each; 500-999 books, \$4.25 each; and 1,000 plus books, \$3.75 each.
- *Breastfeeding Intensive* produced by Mother of 7 available at www.motherof7.com for \$57 plus shipping and handling.

The following books are listed on a resource list for

couples attending prenatal breastfeeding classes at St. Vincent's Medical Center. Those attending order the books from Borders, Barnes and Noble, or Amazon.

- *The Breastfeeding Book* by Martha and William Sears. Available for \$14.99 plus shipping and handling at www.drsearsfamilyessentials.com under "Books."
- *The Nursing Mother's Companion* by Kathleen Huggins, RN, MS, is available for purchase through Barnes & Noble at search.barnesandnoble.com/Nursing-Mothers-Companion/Kathleen-Huggins/e/9781558323049. The cost is \$9.95 plus shipping and handling. For a complete list of bookstores where this book is available for purchase go to www.nursingmotherscompanion.com.
- *The Ultimate Breastfeeding Book of Answers* by Jack Newman, MD, and Teresa Pitman is available at Dr. Jack Newman & Edith Kernerman website for \$30.00 plus shipping and handling. Web: www.drjacknewman.com/default.asp. Click on books and DVDs.
- *The Womanly Art of Breastfeeding* available from La Leche League International at www.llli.org. Click on store then click on breastfeeding. The cost is \$16.95 plus shipping and handling. ■

Details are the key in breastfeeding class

Demonstrate with dolls and video clips

At St. Vincent's Medical Center in Bridgeport, ACT, the prenatal education tries to deliver "consistent and positive messages about breastfeeding," says Laurie Mastrone, RNC, IBCLC, a lactation consultant.

Each two-hour class includes lecture and video with illustrations given with the aid of an anatomical breast and doll. Her class outline includes the following topics:

- exclusive, frequent breastfeeding with no supplementation;
- non-pharmacological pain relief for labor;
- the importance of the early first feeding within the first hour of life, skin-to-skin contact, and 24-hour rooming in;
- baby-led feedings, feeding cues, and hunger signs;
- how to position and latch an infant;
- importance of exclusive breastfeeding for first six months and continuing after other foods are introduced to baby;
- the benefits of breastfeeding for mother and newborn;
- anatomy, nutritional properties of human milk, how the breast makes milk, and establishing a milk supply;

- challenges to successful breastfeeding, such as returning to work and pumping breast milk;
- appropriate use of breast pumps;
- milk handling, storage, and alternative feeding methods such as soft cup feeders;
- milk supply with growth spurts;
- available community support and resources;

The DVDs shown as part of the curriculum vary depending on whether most of the participants have taken the prenatal class. One of the DVDs sometimes shown is titled "Delivery Self Attachment" by Lennart Righard, MD. This six-minute video shows how the uninterrupted mother/baby skin-to-skin contact within the first hour of birth helps establish breastfeeding, explains Mastrone.

More often she shows portions of "A Visual Guide to Breastfeeding" by Jack Newman, MD, and the entire video titled "Breastfeeding: the Why to, How to" produced by Vida Health Communications. (*For information on these videos, see the resources on p. 57.*)

Prepare women for success

Good curriculum on breastfeeding is important because many women have heard horror stories about breastfeeding situations that don't work out or about moms having problems, says Pam Chay, RN, IBCLC, patient care coordinator for Multiple Births and Education at Northwestern Memorial Hospital in Chicago.

Information in the three-hour class she has developed is delivered via verbal lecture and a computerized graphic presentation with short video clips to show techniques, such as a proper latch. Also couples practice proper positioning with dolls. The topics covered include the following:

- The benefits of breastfeeding, focusing on benefits not commonly known. These include lowering a woman's risk for ovarian cancer, pre-menopausal breast cancer, type 2 diabetes, and rheumatoid arthritis. Babies have lower incidents of respiratory infections if breastfed for at least six months.
- Basic anatomy and physiology of how the breast works and changes during pregnancy. This topic includes a discussion of how the baby gets milk out of the breast and the importance of a good latch and how to achieve it.
- Breastfeeding myths. This topic covers myths such as the need to time breastfeeding, with the idea that once a specific time limit is reached feeding is completed.
- Taking cues from the baby, such as knowing

when the baby is hungry and allowing the baby to eat until he or she is done.

This topic covers signs the baby is getting enough to eat, such as putting out enough wet and dirty diapers.

- Steps to take immediately after birth, such as skin-to-skin contact, and information on what the baby will be like immediately after birth.

For example, the baby is awake, alert, quiet, and receptive to learning, so it is a good time to initiate breastfeeding. After a couple hours, the baby goes into a deep sleep for a few hours.

- The importance of frequent feedings the first few weeks. Chay explains that babies need frequent meals because they have small stomachs and breast milk goes through their bodies quickly. Babies need to nurse 8-12 times in 24 hours.

- Information on how fathers can be helpful, such as bringing the baby to the mother for breastfeeding, burping the baby, and changing him or her after feeding.

Dads also can investigate the baby's latch if there is biting or pinching, and they can provide ongoing encouragement.

- Resources to support breastfeeding such as the La Leche League and a government web site on women's health that has information on breastfeeding: www.womenshealth.gov. (*For more information on these resources, see below.*)

RESOURCES

- **DVD:** *Breastfeeding set: How to, Why to* produced by Vida Health Communications, Six Bigelow St., Cambridge, MA 02139. Telephone: (800) 550-7047 or (617) 864-4334. Web: www.vida-health.com. The cost of the DVD is \$295 plus shipping and handling. It is located in the product section of the web site.

- **DVD:** *Dr. Jack Newman's Visual Guide to Breastfeeding*. To order, go to www.drjacknewman.com and click on "DVDs & Books." Jack Newman, MD, is a Canadian physician specializing in breastfeeding support and advocacy. The DVD costs \$30 plus shipping and handling.

- **DVD:** *Delivery Self Attachment* by Lennart Righard, MD, produced by Geddes Production. Web: www.geddesproduction.com. Click on "DVD/Videos" and then "Delivery Self Attachment." The DVD costs \$22.95 plus shipping and handling.

- **La Leche League**, 957 N. Plum Grove Road, Schaumburg, IL 60173. Telephone: (847) 519-7730. Web: www.llli.org. The web site has a directory for local La Leche chapters.

- **www.womenshealth.gov**. This is a federal government source for women's health information sponsored by the Department of Health and Human Services, Office of Women's Health. Telephone: (800) 994-9662. ■

Paid caregivers lack skills for tasks in senior's homes

More than 1/3 couldn't understand directions

Paid caregivers make it possible for seniors to remain living in their homes. The problem, according to a new Northwestern Medicine study, is that more than one-third of caregivers had difficulty reading and understanding health-related information and directions. Sixty percent made errors when sorting medications into pillboxes.

In a first-of-its-kind study, nearly 100 paid, non-family caregivers were recruited in the Chicago area and their health literacy levels and the health-related responsibilities were assessed, said **Lee Lindquist**, MD, assistant professor of geriatrics at Northwestern University Feinberg School of Medicine and physician at Northwestern Memorial Hospital, both in Chicago.

"We found that nearly 86% of the caregivers perform health-related tasks," said Lindquist, lead author of the study. "Most of the caregivers are women, about 50 years old. Many are foreign born or have a limited education. The jobs typically pay just under \$9.00 per hour, but nearly one-third of the caregivers earn less than minimum wage."

Lindquist found that despite pay, country of birth or education level, 60% of all the caregivers made errors when doling medication into a pillbox. This statistic is alarming, because patients who don't take certain medications as prescribed could end up in the hospital, Lindquist said. "Many of these caregivers are good people who don't want to disappoint and don't want to lose their jobs," Lindquist said. "So they take on health-related responsibilities, such as giving out medications and accompanying clients to the doctor for appointments. Most physicians and family members do not realize that while the caregiver is nodding and saying 'yes,' she might not really understand what is being said."

There isn't a standard test family members or employment agencies can use to gauge a caregiver's ability to understand and follow health-related information, Lindquist said. "Currently we are developing tests consumers can use to evaluate caregiver skills as well as studying the screening processes caregiver agencies use," Lindquist said. "But, if you really want to know if the caregiver is doing a good job and is taking care of the health needs of your senior, start by going into the home,

observing them doing the tasks, and asking more questions.”

The title of the study is “Inadequate Health Literacy Among Paid Caregivers of Seniors.” The study will be published in the *Journal of General Internal Medicine*. It has been published online at <http://www.springerlink.com/content/t3h82492566524p8>. ■

Low-literacy material targets correct Pill use

The clinician has just reviewed instructions on proper oral contraceptive (OC) use with the patient, a 22-year-old mother of three. He asks if there are any questions and sends her to the front desk with a supply of pill packs and written instructions. But how does he know she received the information she needs to take her pills properly?

Providing low literacy materials with easy-to-follow instructions is essential in reducing the U.S. unintended pregnancy rate and its associated annual costs of \$2.6 billion.¹ However, clinicians face an uphill battle. The National Center for Education Statistics estimates that 88% of the adult U.S. population lacks the literacy skills needed to maintain health and prevent disease.²

In response to a request by Title X family planners, an oral contraceptive health literacy project was initiated to help providers and patients communicate more effectively regarding correct, consistent pill-taking. The project is a cooperative effort among the Region VI Department of Health and Human Services Office of Family Planning,

EXECUTIVE SUMMARY

A cooperative effort among the Region VI Department of Health and Human Services Office of Family Planning, the Center for Health Training in Austin, and Sage Words Accessible Health Communications in Austin has yielded an oral contraceptive health literacy project to help providers and patients communicate more effectively regarding correct, consistent pill-taking.

- The “On the Same Page” project features a training manual written for publicly funded family planning clinic staff, as well as posters designed to help clinicians and patients stay “on the same page” during instructions.
- Patient materials include a missed pills business card and flyers on missed pills, starting pills, and side effects, all available in English and Spanish.

the Center for Health Training in Austin, and Sage Words Accessible Health Communications in Austin. The project, “On the Same Page,” features a training manual, as well as posters designed to help clinicians and patients stay “on the same page” during instructions. Patient materials include a missed pills business card and flyers on missed pills, starting pills, and side effects, all available in English and Spanish. The project was funded by a grant from the Department of Health and Human Services, Office of Population Affairs, Office of Family Planning, Region VI. (*For information on how to access the manual and project materials, see resources, p. 59.*)

How does it work?

Clinicians are accustomed to thinking of written materials as something to hand to patients. The posters and fact sheets in the “On the Same Page” project work together as a tool, something that is used interactively, much in the same way clinicians use the pill packet for demonstration, say project officials.

The poster concept came directly from staff discussion groups, explains **Kathryn Anderson, MA**, executive director of Sage Words Accessible Health Communications. Anderson served as writer and developer for the project. “When we asked what format would be useful to them, staff indicated that posters were a useful and familiar format. Staff often used posters in an exam room setting, especially to communicate visually,” she explains. “We also learned from staff discussion groups that they rarely use written materials like brochures or the pill packet insert in the exam room when explaining pill instructions.”

Materials with small fonts, a significant amount of text, and no graphics simply can’t be shared, says Anderson. A poster, on the other hand, is visually accessible to provider and patient. Graphics and text can be seen at the same time, so the patient is a participant in the provider’s explanation.

A second important aspect of using the posters in the exam room is that the patient has access to the same information more than once, Anderson notes. Repetition is essential in processing unfamiliar information and in retaining and acting on that information, she explains. If the patient has been sitting in the exam room looking at the poster, it might serve to elicit questions. Anderson says it also might serve as an “advance organizer” in which the patient already might have begun the process of organizing and understanding the

information before the provider discusses it with her. The patient can see the poster ahead of the provider's visit, looks at it while the provider discusses the information, and has the same information at home on the fact sheet, Anderson states. Having exactly the same information in the same format at home might help a patient trigger recall of the exam room discussion, which can be helpful in comprehending the written information, explains Anderson. Patients tested drafts of the text in usability testing, which enabled developers to pinpoint and revise areas of misunderstanding. *(Use the information at right to help integrate telephone and cell phones into reinforcing the written message.)*

REFERENCES

1. Rosenberg MJ, Waugh MS, Long S. Unintended pregnancies and use, misuse and discontinuation of oral contraceptives. *J Reprod Med* 1995;40:355-360.
2. White S. Assessing the Nation's Health Literacy: Key concepts and findings of the National Assessment of Adult Health Literacy (NAAL). Chicago: American Medical Association (AMA) Foundation; 2008.

RESOURCES

- The manual and project materials for "On the Same Page," an oral contraceptive health literacy project, are available for free download at the Center for Health Training web site, www.centerforhealthtraining.org. Under "Projects," select "Current Projects," then under "Region VI," select "Health Literacy Project: Oral Contraceptive Patient Education Materials." Clinicians also can take advantage of a free webinar on the project. To access the webinar, go to www.centerforhealthtraining.org. Under "Training + Events," select "Online Training." To access the webinar, click the link under "Health Literacy and OCPs: Helping Your Clients to Understand and Remember Instructions for How to Use OCPs Correctly." Oral contraceptive health literacy materials also are available at www.sagewords.org. ■

COMING IN FUTURE MONTHS

■ Best ways to document understanding

■ Improve programs with good research

■ Avoid time constraints with online classes

■ Educating patients to reduce obesity

Reinforce message with phones, cells

3 tips to boost understanding

How can clinicians bolster patients' understanding of correct oral contraceptive use after they leave the office? Try these tips from the On the Same Page OCP Health Literacy Project Training Manual:

- Have someone at the clinic read the text from the material into a recorded phone message.
- Have the recorded phone message on an extension of the clinic phone that can be reached day or night.
- Clinicians can help patients program the clinic's telephone number/extension into their cell phones while they are in the exam room.¹

continued on page 60

CNE instructions/objectives

Nurses and other patient education professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity each semester, you must complete the evaluation form provided and return it in the reply envelope provided in order to receive a credit letter. When your evaluation is received, a credit letter will be mailed to you.

Upon completion of this educational activity, participants should be able to:

- identify the management, clinical, educational and financial issues relevant to patient education
- explain the impact of the management, clinical, educational and financial issues relevant to patient education on health care educators and patients
- describe practical solutions to problems health care educators commonly encounter in their daily activities
- develop patient education programs based on existing programs.

REFERENCE

1. Center for Health Training, Sage Words Accessible Health Communications. On the Same Page. OCP Health Literacy Project Training Manual. Austin; 2010. Accessed at http://www.centerforhealthtraining.org/projects/documents/pr_healthliteracy_TrainingManual.pdf. ■

CNE QUESTIONS

17. According to some healthcare professionals, the iPad could add value to teaching because it provides access to multimedia resources such as videos, diagrams, and charts.

- A. True
- B. False

18. There are many ways to integrate technology into teaching, including which of the following used at MD Anderson Cancer Center in Houston, TX, and Florida Hospital for Children in Orlando?

- A. Using iPad video content to describe CT scans.
- B. Show short videos on computers in exam rooms.
- C. Encourage the downloading of unscreened, medical apps.
- D. A&B
- E. All of the above
- F. None of the above

19. Offering electronic readers at consumer health resource centers might be beneficial for which of the following reasons, according to those who oversee these centers?

- A. New educational delivery format.
- B. Promotes informed decision making.
- C. A different way to engage patients.
- D. All of the above
- E. None of the above.

20. According to experts on breastfeeding, it is not beneficial to offer detailed prenatal breastfeeding education?

- A. True
- B. False

Answers: 17. A; 18. D; 19. D; 20. B

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Patient Education Management

2011 Reader Survey

In an effort to learn more about the professionals who read *PEM*, we are conducting this reader survey. The results will be used to enhance the content and format of *PEM*.

Instructions: Fill in the appropriate answers. Please write in answers to the open-ended questions in the space provided. Return the questionnaire in the enclosed postage-paid envelope by July 1, 2011.

In future issues of *PEM*, would you like to see more or less coverage of the following topics?

A. more coverage B. less coverage C. about the same amount

- | | | | |
|---------------------------------------|-------------------------|-------------------------|-------------------------|
| 1. Joint Commission surveys | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 2. alternative therapies | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 3. staff education | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 4. outcomes measurement | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 5. time management | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 6. non-English education programs | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 7. building a resource library | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 8. cross-continuum education programs | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 9. wellness centers | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |
| 10. patient survey implementation | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C |

Please rate your level of satisfaction with the following items.

A. excellent B. good C. fair D. poor

- | | | | | |
|---------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 11. quality of newsletter | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12. article selections | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13. timeliness | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14. length of newsletter | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15. overall value | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16. customer service | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |

17. On average, how many people read your copy of *PEM*?

- A. 1-3
 B. 4-6
 C. 7-9
 D. 10-15
 E. 16 or more

22. *Patient Education Management* has been approved for 15 nursing contact hours using a 60-minute contact hour by the American Nurses Credentialing Center's Commission on Accreditation. If you participate in this CNE activity, how many hours do you spend in the activity each year? _____

23. Do you plan to renew your subscription to *PEM*?

- A. yes
 B. no If no, why not? _____

18. How would you rate your overall satisfaction with your job?

- A. very satisfied
 B. somewhat satisfied
 C. somewhat dissatisfied
 D. very dissatisfied

19. How would you describe your satisfaction with your subscription to *PEM*?

- A. very satisfied
 B. somewhat satisfied
 C. somewhat dissatisfied
 D. very dissatisfied

20. What is your title?

- A. health care education/manager/coordinator
 B. patient education nurse
 C. director
 D. librarian
 E. other _____

21. How large is your hospital?

- A. fewer than 100 beds
 B. 100-200 beds
 C. 201-300 beds
 D. 301-500 beds
 E. more than 500 beds

Please indicate yes or no for all of the areas for which you are responsible for patient education in your facility or system.

- 24. library or resource center A. yes B. no
- 25. infection control A. yes B. no
- 26. ambulatory/same-day surgery A. yes B. no
- 27. quality assurance A. yes B. no
- 28. staff education A. yes B. no
- 29. other (please specify) _____

30. What is the highest degree that you hold?

- A. ADN (2-year)
- B. diploma (3-year)
- C. bachelor's degree
- D. master's degree
- E. other _____

31. To what other publications or information sources about patient education do you subscribe?

32. Including *PEM*, which publication or information source do you find most useful, and why?

33. Which web site related to your position do you use most often?

34. Please list the top three challenges you face in your job today.

35. What do you like most about *PEM*?

36. What do you like least about *PEM*?

37. What are the top three things you would add to *PEM* to make it more valuable for your money?

Contact information _____
