AMERICAN HEALTH CONSULTANTS

Patient Education Management™

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

December 2002 • Volume 9, Number 12 • Pages 133-144

IN THIS ISSUE

In This Issue **continued on next page**

Americans pile on pounds: Education fails to trim fat

How do you prevent obesity in a food-focused society?

Nearly one-third of all adults in America are now classified as obese. Data collected from the National Center for Health Statistics, a division of the Centers for Disease Control and Prevention in Atlanta, shows that 59 million adults 20 years of age and older have a body mass index (BMI) of 30 or more. This figure is 8% higher than in 1994.

There are several reasons why obesity is on the rise. A big factor is the number of calories Americans consume daily, says **Christine Braun**, MS, RD, chief of nutrition and food service at the Cheyenne (WY) Veteran Affairs (VA) Medical Center. "Food is readily available, and the portion size continues to increase," she explains. People are told to purchase the super-size and save money, and while they may be getting more value, they are also getting more calories.

EXECUTIVE SUMMARY

Statistics show that Americans are getting fatter year by year. Over the past two decades, the number of obese persons has doubled, and therefore other health problems are on the rise. Obesity increases a person's risk for diabetes, heart disease, stroke, high blood pressure, some types of cancer and other conditions. Although there are many books and articles published on diets, Americans are not getting the education they need to prevent obesity, according to dietitians. One key area is education on portion size.

***In This Issue* continued from cover**

COMING IN FUTURE ISSUES

- Using a resource center as adjunct to patient education
- Creating competencies for patient education managers
- Teaching aids that enhance patient education
- Incorporating consumers into the handout review process
- Determining budgetary needs for patient education

Americans still are eating too much fat, and eating so many meals away from home contributes to that, says Braun. "We are a busy society, and it is convenient to run through a drive through vs. preparing meals at home," she says.

The breakdown of the American family has much to do with America's obesity, says **Miriam Simmons**, MS, RD, LD, CDE, a clinical dietitian specialist at the New Mexico VA Health Care System in Albuquerque. Families rarely eat together anymore, and parents usually give children lunch money and let them make the food choices rather than packing a healthy lunch. "I think the role models for children aren't teaching healthy eating habits," she says. **(For more information on teaching children healthful eating**

Patient Education Management™ (ISSN 1087-0296) is published monthly by American Health Consultants®, 3525 Piedmont Road, N.E., Building Six, Suite 400, Atlanta, GA 30305. Telephone: (404) 262-7436. Periodicals postage paid at Atlanta, GA 30304. POSTMASTER: Send address changes to **Patient Education Management**™, P.O. Box 740059, Atlanta, GA 30374.

Subscriber Information
Customer Service: (800) 688-2421 or fax (800) 284-3291. Hours of operation: 8:30 a.m.-6:00 p.m. Monday-Thursday; 8:30 a.m.-4:30 p.m. Friday EST. E-mail: customerservice@ahcpub.com. World Wide Web: www.ahcpub.com.

Subscription rates: U.S.A., one year (12 issues), $429. Outside U.S., add $30 per year, total prepaid in U.S. funds. Two to nine additional copies, $343 per year; 10-20 additional copies, $257 per year; for more than 20, call (800) 688-2421. Missing issues will be fulfilled by customer service free of charge when contacted within one month of the missing issue date. **Back issues**, when available, are $72 each. (GST registration number R128870672.)

This continuing education offering is sponsored by American Health Consultants®, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. Provider approved by the California Board of Registered Nursing, provider number CEP 10864, for approximately 18 nursing contact hours.

Opinions expressed are not necessarily those of this publication. Mention of products or services does not constitute endorsement. Clinical, legal, tax, and other comments are offered for general guidance only; professional counsel should be sought for specific situations.

habits to prevent disease, see article in *Focus on Pediatrics* insert.)

Inactivity also contributes to weight gain, says **Sheah Rarback**, MS, RD, a spokeswoman for the American Dietetic Association in Chicago. "We are a remote-control society. We hardly get up to do anything," she says. Favorite American pastimes now are watching television or going to the movies and surfing the Internet. In fact, people drive around the parking lot at the mall looking for a close space. People are having difficulty with their diet because there is a lot of stimulus in American society to eat, Rarback adds.

"If Americans have increased their average caloric intake per day and at the same time their physical expenditure has decreased, it is not difficult to see how that could cause weight gain," says Braun. In addition, as people age, their metabolism slows down. The way to keep metabolism at a higher rate and keep weight stable is to keep the level of physical activity high, she says.

Often people turn to fad diets to get the weight off because this weight-loss method requires little or no effort and they promise a quick fix, says Braun. It takes 3,500 calories to add one pound of fat, and generally people gain a pound or two a year for a number of years; and then when they reach middle age, their metabolism slows down. At that point, they have gained 20-30 extra pounds. "The fad diets promise that you can get the weight off in a month, even though it took 20 years to accumulate," she says.

Education breaks the cycle

The main problem with the American diet is lack of education, says Simmons. "People know what a serving size is according to package labels and what they get at restaurants," she says. Therefore, if they follow the Food Pyramid, which recommends six to 11 servings of grain, but don't eat the correct portion, they overeat. For example, many commercial bagels are four to five bread servings. Eating a cup of pasta for dinner and a commercial bagel for breakfast provides nine grain servings for the day.

"The serving size on the Pyramid is based on nutrition analysis. For example, an ounce of bread is approximately equivalent to a third of a cup of rice in terms of calories, carbohydrates, and protein," says Simmons.

The Food Pyramid is a good visual tool teaching the different food groups and the number of servings in each category but people don't know how to make appropriate choices within the categories. Often they overeat in the protein and carbohydrate category, says Braun. "Portion size is the single largest surprise," she says.

Braun teaches patients how to make healthier choices within each food group. Because fast food is so prevalent in the American diet, time is spent on reading nutrition facts for restaurants and selecting foods off their menu that will meet nutritional requirements without excess calories and fat.

"I think as educators we need to give more practical examples of how to implement the Food Pyramid guidelines and how to make healthier choices," says Braun.

Most grab and eat food found at gas stations and convenience stores that are not healthy. However, there are healthy grab-and-eat snacks that people can be taught to recognize, says **Susan Moores**, MS, RD, a spokeswoman for the American Dietetic Association. The small packages of cereal, even those with sugar, contain vitamins and minerals and are much better than a bag of chips. Also, a banana or bag of baby carrots are good grab-and-eat foods, she says.

One change at a time

It's important to teach patients to make one small change in the diet at a time, says Rarback. "I think that the biggest mistake people make is feeling it is all or nothing and not understanding that every small change is a step in the right direction," she says. For example, if people aren't eating fruit, she suggests they take an apple or banana to work for their break and eat that instead of pastry.

Keeping a food journal helps people become aware of what they are eating. It's a good technique for weight loss because people tend to eat less if they write everything down, says Rarback.

She suggests that patient education managers make a list of preferred cooking methods and definitions that frequently describe food preparation methods in restaurants. People can use this sheet to make better choices when ordering meals out.

"Whenever I counsel a patient, I include physical activity as a very critical part of a weight-loss program," says Braun. She encourages patients to pick up an exercise machine such as a stationary bike at a yard sale and ride it while they watch their favorite TV show. The TV show usually is a habit, so it is easier for them to incorporate the exercise with it, she explains.

"I tell patients that they could lose 4.5 pounds in one year by not using their remote control," says Simmons. Teaching patients the amount of

SOURCES

For more information on combating the rising rate of obesity in American society, contact:

- **Christine Braun**, MS, RD, Chief of Nutrition and Food Service, Cheyenne (WY) VA Medical Center. Contact by e-mail only: chris.braun@med.va.gov.
- **Susan Moores**, MS, RD, and **Sheah Rarback**, American Dietetic Association, 216 W. Jackson Blvd., Chicago, IL 60606-6995. Telephone: (312) 899-0040. Web site: www.eatright.org.
- **Miriam Simmons**, MS, RD, LD, CDE, Clinical Dietitian Specialist, New Mexico VA Health Care System, Ambulatory Care Nutrition, 1501 San Pedro Drive S.E., Albuquerque, NM 87108. Telephone: (505) 265-1711, ext. 2662. E-mail: miriam.simmons@med.va.gov.

exercise required to burn a certain number of calories helps to put food choices into perspective, she says. For example, she teaches that to burn 100 calories a person must walk one mile. A one-ounce slice of bread has about 80 calories, so a person would need to walk 8/10 of a mile to burn the calories.

Motivation to change

While providing information on successful weight-loss methods is important, it won't help if the lesson is not tailored to the individual, says Moores. It is difficult to change a person's eating habits without understanding their lifestyle, what their priorities are, and what motivates them, she says. It is important for educators to listen to patients. **(For details on one successful weight-loss program see article on p. 137.)**

Health care providers need to understand where a patient is in the stages of change before education begins, says Braun. If patients are in the pre-contemplation stage, then they aren't even thinking about making a change in their diet, and they need to have their awareness raised. **(For information on the stages of change, see article, right.)**

It's important to get information about weight loss and the health risks of obesity to the public on a regular basis so more people will move from the pre-contemplation stage to the action stage and make a change in their diet and exercise, says Braun. Creating information for the media such as radio spots, participating in community health fairs, and developing handouts can raise awareness. Having more information available in waiting rooms at physicians' offices also is helpful, she says.

"A team approach helps. The physician and nurse practitioner need to help patients get past the pre-contemplation or contemplation stage so they are ready to take action by the time they come to see the dietitian," says Braun.

People need to be ready to implement a plan that will change their lifestyle habits, agrees Moores. "It's finding a way to touch the hot button that will get them to want to change," she says. ■

Stages of change can help manage weight-loss efforts

Understand the process to change behavior

The Prochaska and DiClemente Stages of Change Theory[1] states that people go through five stages when making a change in behavior. The stages range from pre-contemplative with no plans to change to a maintenance stage where the person practices the desired behavior consistently. They include:

- **Pre-contemplation:** Not even thinking about change. People might be motivated to change by increasing their awareness of the problem behavior and providing information.
- **Contemplation:** Starting to think about a change. Ambivalence might be decreased by identifying pros and cons of change and giving patients support.
- **Preparation:** Planning for change, thinking of ways to change. Educators can identify rewards and help make action plans.
- **Action:** Actually making the change. To bring about change, educators can help patients set short-term goals and provide support and also help them solve problems as they arise.
- **Maintenance:** Continuing new behaviors, recovering from relapse. These patients need continued support, help with problem solving, and recovery from lapses.

Reference

1. Prochaska J, Norcross J, DiClemente C. *Changing for Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward.* New York: Avon Books; 1994. ■

Program targets the complexity of obesity

Education on healthy eating and barriers to success

To help overweight patients lose the pounds, the New Mexico Veterans Affairs (VA) Health Care System in Albuquerque launched an intensive weight-management program more than two years ago. Physicians refer patients to the program that have a body mass index (BMI) of 27 or greater with comorbidities such as diabetes or a BMI over 30.

However, obesity is not the only criteria for the program. Patients must be highly motivated as well. "Patients are screened for their readiness to change and readiness to take on an intensive weight-management program," says **Miriam Simmons**, MS, RD, LD, CDE, a clinical dietitian specialist at the New Mexico VA Health Care System.

Willingness to change is essential for success in the program. Patients can be given instructions on how to lose weight, but if they don't have the skills or capacity to follow through on them, they will fail, says Simmons.

Patients are given one-on-one attention each month for up to two years. So for the time-intensive program to be cost-effective, patients must be willing to fully participate. This includes keeping detailed food and exercise records for the dietitian to review.

To help motivated patients overcome such obstacles as eating disorders or emotional barriers to weight loss, a behavioral psychologist is an important part of the program. One patient who benefited by having access to a psychologist was a woman who found that losing weight brought back all the fear she felt years ago when she had been assaulted. The assault took place at a time when she was young and slender and was a barrier to weight loss, says Simmons.

As part of the program, patients can choose to take a fat blocker called Orlistat that works in the intestinal wall and keeps about 30% of the fat that is digested from being absorbed into the body. Those who choose not to take the drug or can't be given a prescription due to contraindications are just as successful as the group that takes the medication, says Simmons.

Education is an important part of the program as well. "Once people are in the program, we teach them how to choose lower-fat foods and how to bring their calories down," says Simmons. Patients slowly cut portions down as they increase exercise. Eventually, they learn that they will not be hungry if they stick to a 1,500-calorie menu that consists of healthy foods such as fruits and vegetables. "It's learning to eat right," she says.

Even though the program has been operating for more than two years, it still is evolving, says Simmons. Currently, the screening process is an oral interview but a questionnaire is being developed that will help identify eating disorders and other issues that require the immediate intervention of the behavioral psychologist.

Once complete, the screening process will determine the pathway through the program that best suits their needs. For example, they may be referred to a psychologist first or work simultaneously with the psychologist and dietitian.

"Eating, like smoking and drinking, is a behavior. If we learn unhealthy eating behaviors, we must relearn how to make them healthy," says Simmons. ■

SOURCE

For more information in the intensive weight management program, contact:

- **Miriam Simmons**, MS, RD, LD, CDE, Clinical Dietitian Specialist, New Mexico VA Health Care System, Ambulatory Care Nutrition, 1501 San Pedro Drive S.E., Albuquerque, NM 87108. Telephone: (505) 265-1711, ext. 2662. E-mail: miriam.simmons@med.va.gov.

Checklist makes patient ed documentation much easier

New process increases staff's documentation efforts

Many patient education managers struggle with staff documentation of teaching. No matter how many forms they create or inservices they conduct, the numbers on documentation remain low.

Only 12% of staff were documenting on the interdisciplinary patient education form at CareAlliance Health Services in Charleston, SC, when **Jennifer Robinson**, RN, MHS, patient education coordinator, brought a radical suggestion to the patient education council. Toss the form and include teaching documentation in the interdisciplinary progress notes, she suggested.

"All the samples from the literature and other hospitals showed a separate form. I hated to go against the norm," says Robinson. Yet within 16 months after systemwide implementation of the new process in 1999, chart audits showed an increase of documentation to 93%, and it consistently has remained above 90% for several years. Right now, it is 98%.

The progress notes are the foundation for all documentation and patient education was made a visible section on the form. "We made the documentation of patient education something that was part of the regular interdisciplinary progress notes; therefore, they can't forget about it because it is always in front of them," says Robinson.

The documentation system is a checklist that is set up according to the patient education standards created by the Joint Commission on Accreditation of Healthcare Organizations in Oakbrook Terrace, IL. Both pain management and safety are included in the checkboxes. "We have the same boxes on the admission sheet and on the discharge sheet, and we have put them in the same order so the nurses can get used to that consistency," says Robinson. **(For explanation of form layout, see editor's note at the end of the article.)**

Also, if the Joint Commission were to issue new education standards, they would be very easy to add to the form, she says.

The checklist also focuses on the survival needs of patients, which they will need for self-care, such as nutrition and medication education.

To introduce staff to the new system of documentation, Robinson attended management meetings with a flyer that showed how to document on the progress notes. She frequently presents at management meetings and partners with management on all patient education projects.

In addition, the use of the form was supported throughout the year with seasonal flyers that were posted in the employee restrooms. In fall and winter, the flyers read: "Fall into the Habit, Document Patient Education." The backgrounds for the flyers were leaves falling and snow falling as appropriate to the season. For spring, kites were the background and hot-air balloons in the summer. The copy read: "Soar to New Heights, Document Patient Education."

Joint commission surveyors such as the documentation system implemented at CareAlliance Health Services, says Robinson. However, before a survey, the facility makes sure that all staff learn how the health care system meets the patient education standards including documentation.

SOURCES

For more information on the documentation system for patient education at CareAlliance Health Services, contact:

- **Jennifer Robinson**, RN, MHS, Patient Education Coordinator, CareAlliance Health Services, 316 Calhoun St., Charleston, SC 29401. Telephone: (843) 724-2130. E-mail: Jenny.Robinson@CareAlliance.com.

One innovative method used to prepare for a Joint Commission survey is themed education fairs. The health care facility held an education roundup, which had a rodeo theme, an education celebration with a Mardi Gras theme, and an education cruise. There is a lot of excitement generated with the education fairs with prizes games and music. "Staff members think they are coming to a party. They don't realize they are being educated at the same time," says Robinson.

For example, the mood for the cruise theme was created by placing a sailboat in the auditorium, and participants were eligible to win a small cruise in the local harbor. The sea otter mascot from the local aquarium stood at the door to greet people. Anyone who visited all the booths and completed a posttest received a coupon for a free cookie and drink at the cafeteria.

After each education fair, the education department created a themed book with the information from each booth included. The books were distributed throughout the hospital so those who were unable to attend the fair could prepare for the Joint Commission. "We still use the storybooks," says Robinson.

A peer-support system provides education on documentation of patient education throughout the year regardless of whether or not a Joint Commission survey looms in the near future. Each department selects people to monitor the charts for documentation; and if they discover that a particular person is not documenting consistently, they follow up with him or her. "It isn't just monitoring for the sake of numbers, it is monitoring to see if there is someone who has not gotten into the habit yet or missed learning about it," explains Robinson.

The designated support people give Robinson the numbers from their chart audits, and she creates graphs so each unit or department can see if staff members are consistently documenting patient teaching.

The documentation system is quick and efficient, and it is visible, says Robinson. "The visibility is

what makes patient teaching a priority," she says.

[Editor's note: The checkboxes for patient/family instruction on the interdisciplinary progress notes at CareAlliance Health Services include nutrition, medications, activity/rehab, safety, signs/symptoms, wound/skin care, pre/post-op care, equipment, procedures, treatments, pain management, PEARLS (patient education and resource library), and others. The educator checks the topic of teaching and writes the process in the progress notes.

For the teaching outcome, a one or a two can be written in the box. The number one means that patients are able to state understanding and/or return demonstration. Number two means that patients are unable to state understanding and/or return demonstration and continued reinforcement of teaching is necessary.

There also are checkboxes for learning barriers. Choices include no barriers, physical, cognitive, emotional, language, reading difficulties, lacks motivation, and lacks readiness.

A code for the discipline documenting also is entered on the form. For example, a registered dietitian is an RD, and a physical therapist is a PT.] ■

Create QI projects to reach a high volume of patients

Look at high-risk or problem-prone areas

Every year, all departments at City of Hope National Medical Center in Duarte, CA, must develop a quality improvement plan and determine what outcomes measures to review.

Therefore, at the beginning of the year, the patient education department determines what measures are significant for patient education and focuses on these during the next 12 months, says **Annette Mercurio**, MPH, CHES, director of patient, family and community education at City of Hope.

To make the determination, Mercurio looks for quality improvement projects that impact a high volume of patients, are of high risk to patients, or problem-prone areas. The year she selected chemotherapy education as a performance improvement project, there were indications based on feedback from patients that lack of information was a problem.

"Patients said that they were not receiving written information about chemotherapy until the day they were getting their chemo, and they wanted the information sooner," said Mercurio.

Before tackling the problem, Mercurio first selected outcome measures so that she could determine whether the interventions made by the patient education department were effective. She wanted to measure whether patients were receiving information prior to starting chemotherapy and also what percentage of patients felt well informed about the therapy before starting treatment.

To get baseline measures to determine if interventions worked, the patient education department distributed a survey to chemotherapy patients that asked several questions. This included whether patients had received written information prior to chemotherapy, how well informed they felt, and when they would have preferred to get information. There were a few other questions, such as whether they had been informed about side effects.

"When patients come in for their first chemotherapy appointment they get more intensive teaching, but they weren't getting basic information about chemotherapy and its side effects prior to their visit," says Mercurio.

Therefore, a packet of generic chemotherapy information was created that included such items as a pamphlet published by the National Cancer Institute titled, "Chemotherapy and You." To make sure that patients received the packets before their first treatment, the information was distributed to the clinical areas where patients would be making the decision about chemotherapy with their physician.

Patients were alerted to the fact that they should receive the packets by orange signs placed in exam rooms that instructed them to ask the physician or clinic assistant for a packet of information on chemotherapy if they hadn't yet received the information.

In addition to the information packet, 60 chemotherapy information sheets were created that are specific to City of Hope. This project was

SOURCES

For more information about selecting outcomes measures for quality improvement projects, contact:

- **Annette Mercurio**, MPH, CHES, Director of Patient, Family, and Community Education, City of Hope National Medical Center, 1500 E. Duarte Road, Duarte, CA 91010-0269. Telephone: (626) 301-8926. E-mail: amercurio@smtplink.Coh.org.

completed after nurses revealed that the sheets being generated by a database at the center were too generic. "Every area that administers chemotherapy has copies of those sheets," says Mercurio.

A checklist also was developed for nursing staff to use when teaching patients about chemotherapy, and an instruction sheet on teaching patients about chemotherapy.

A work in progress

About six months after the baseline survey, a follow-up survey was conducted. This was done after steps were set in place to deliver basic chemotherapy information to patients in a more timely fashion and teaching tools had been developed for staff. That survey showed marked improvement in all the measures, says Mercurio.

However, when the next survey was taken, the numbers had dropped slightly so staff are trying to determine why this has occurred. One problem is the distribution of materials. "Some of our physicians are giving patients the packets and some aren't, so we need to do more follow-up," she says.

Improvement projects generally are completed in four phases. The first is to create a plan. In the case of chemotherapy education, Mercurio looked at feedback from patients then figured out how to tackle the problem.

The second step in the process is to take action, or do something about the problem. In this project, she conducted an initial baseline assessment and developed interventions such as the packet of generic chemotherapy information.

The third step is to conduct a study to determine if the interventions solved the problem or made improvements in any way. The follow-up surveys that were conducted to assess the chemotherapy education quality-improvement project were part of this phase.

Finally, continued action is taken to improve numbers on the outcome measurements. "You just keep trying to achieve the level of improvement that you want," says Mercurio.

There is a systematic performance improvement-reporting structure at City of Hope, says Mercurio. Each department must submit a report every three months on the outcome measures it selected for the year. The executive leadership committee reviews the report. As a result, patient education is well integrated into the performance-improvement sector. "Leadership sees patient education performance-improvement efforts regularly," she says. ■

Right connections worth the price of membership

But not all organizations are created equal

Joining the right organizations will enhance future career opportunities, says **Carol Maller**, RN, MS, CHES, patient education coordinator at the New Mexico Veterans Affairs (VA) Health Care System in Albuquerque.

Membership can provide networking connections, create opportunities to publish, support current continuing education programs, stimulate interest in new innovations, and offer leadership opportunities at a national level, she says.

Many patient education managers agree. "My work is not just a job. I am a professional with specialized skills and a need to maintain and improve those skills over time. I cannot do this in a vacuum, and I cannot do this by reading alone," says **Fran London**, MS, RN, a health education specialist at Phoenix Children's Hospital.

Contact with colleagues provides opportunities for growth and helps you do a better job by sharing frustrations, resources, and what works and what doesn't. "E-mail listservs, group bulletin boards, member lists, and conferences all let us link up and grow together," she says.

Feeding professional growth

Professional organizations steadily can feed your professional growth by delivering journals to your desk, providing new program and/or materials development that may be of interest, and providing opportunities to learn and strive for self and program improvement, says **Cezanne Garcia**, MPH, CHES, manager of patient and family education services at the University of Washington Medical Center in Seattle.

"Professional organizations bring a community connection to my everyday and strategic work in my health care setting," says Garcia. When first hired, Garcia was the only health educator on staff at a health care institution with 4,000 employees. Professional organizations provided involvement with individuals that served in similar capacities and still do. This allows for shared problem solving and shared celebration of each other's achievements, she says.

Mary Paeth, MBA, RD, patient/community education coordinator at Southwest Washington

Medical Center in Vancouver, sought professional organizations when she discovered she lacked vital skills for her job. "Like many in patient education positions, I was hired because I had good clinical skills. Upon taking this job, I realized I needed expertise in adult education and patient education systems," she says. Membership in professional organizations helped her get her hands around her job.

Membership in a professional organization not only allows you to have contact with people like you, but it opens opportunities for learning in areas outside your expertise so you can build your knowledge base, says **Sandra Cornett**, RN, PhD, director, OSU/AHEC Health Literacy Program, Office of Health Sciences, The Ohio State University in Columbus. "Professional organizations also provide a place where I can take a leadership role in furthering the profession," she says.

To reap the benefits of professional organizations, select them carefully, says **Magdalyn Patyk**, MS, RN, advanced practice nurse, patient education, Northwestern Memorial Hospital in Chicago. "Time is a luxury in this fast-paced world. It is important to focus your energies and activities not only to contribute to the organizations but to benefit from membership," she explains.

Another factor in the selection process can be cost of membership, says Patyk. If a patient education manager must pay the dues it can be cost prohibitive to join a large number of organizations.

Define selection criteria

The best method for determining which professional organizations to join is to set criteria for membership. Before selecting an organization, Garcia wants to know if the resources offered match her goals for personal growth and provide the opportunities for growth. Member services that would be of benefit include:

- collegial networking opportunities;
- journal subscriptions;
- monthly or quarterly newsletters;
- a job bank;
- continuing education programs, conferences and workshops;
- social events: annual meetings, social gatherings;
- leadership development training;
- leadership opportunities.

Patyk determines whether an organization's mission aligns with her professional and career interests as well as her current work position before paying the membership fee. She selects organizations that provide networking opportunities with professionals with similar interests and work positions.

Patyk also checks to see if they provide opportunities to enhance skills through educational conferences and benchmarking and if they increase work related performance and expertise. Opportunities for speaking engagements or poster presentations in a professional arena also are important, she says.

The types of members in the organization are important to Cornett. "I would not join an organization that is made up of a lot of consultants as their focus is very different than mine as a medical center-based employee," she says.

One way to glean knowledge from others more knowledgeable in the field is to join professional organizations, says Paeth. "Also, when a hospital is in another region, they are more likely to share information than those that you work with locally." ■

SOURCES

For more information about criteria for joining professional organizations, contact:

- **Sandra Cornett**, RN, PhD, Director, OSU/AHEC Health Literacy Program, Office of Health Sciences, The Ohio State University, 218 Meiling Hall, 370 W. Ninth Ave. Columbus, OH 43210-1238. Telephone: (614) 292-0716. E-mail: cornett3@osu.edu.
- **Cezanne Garcia**, MPH, CHES, Manager, Patient and Family Education Services, University of Washington Medical Center, 1959 Pacific St. N.E., Box 358126, Seattle, WA 98195. Telephone: (206) 598-8424. E-mail: ccgarcia@u.washington.edu.
- **Fran London**, MS, RN, Health Education Specialist, The Emily Center, Phoenix Children's Hospital, 1919 E. Thomas Road, Phoenix, AZ 85016. E-mail: flondon @phonixchildrens.com.
- **Carol Maller**, RN, MS, CHES, Patient Education Coordinator, New Mexico VA Health Care System, 1501 San Pedro Drive S.E., Albuquerque, NM 87108. Telephone: (505) 265-1711, ext. 4656. E-mail: carol.maller@med.va.gov.
- **Mary Paeth**, MBA, RD, Patient/Community Education Coordinator, Education Department, Southwest Washington Medical Center, P.O. Box 1600, 400 N.E. Mother Joseph Place, Vancouver, WA 98668. Telephone: (360) 514-2230. E-mail: mpaeth@swmedctr.com.
- **Magdalyn Patyk**, MS, RN, Advanced Practice Nurse, Patient Education, Nursing Development, Northwestern Memorial Hospital, 251 E. Huron, Suite 4-708, Chicago, IL 60611-2908. Telephone: (312) 926-2173. E-mail: mpatyk@nmh.org.

Heart Month focuses on CPR and defibrillation

Teach steps to improve heart attack survival rate

February is American Heart Month. Though Congress issued the proclamation in 1963, each year represents a new opportunity for education about this deadly disease and the strides the Dallas-based American Heart Association and other health organizations are making to reduce the risks.

In 2003 the emphasis for education is CPR and automatic external defibrillator (AED) programs. Its purpose is to increase public awareness for a sequence of actions that must be initiated in order to save lives during cardiac emergencies.

According to the American Heart Association, there are four actions that start when a person recognizes the emergency. To increase the survival rate for people who suffer cardiac arrest from 5%-20%, the victim must have:

• **Early Access.**

Early access to medical care means that someone must recognize the emergency and telephone the Emergency Medical System. In most communities, access is gained by dialing 911.

• **Early Cardiopulmonary Resuscitation (CPR).**

CPR must be done promptly and correctly. Mouth to mouth breathing and chest compressions circulate blood and oxygen to vital organs, and this buys time until defibrillation is given, according to the American Heart Association.

• **Early Defibrillation.**

Using a medical device called a defibrillator within minutes of cardiac arrest is vital to survival. This device delivers an electric shock to the heart to stop the abnormal rhythm so that a normal rhythm can resume. The American Heart Association is working to increase public access to automated external defibrillators through community AED programs.

• **Early Advanced Life Support.**

Paramedics or health care providers who respond to cardiac arrest cases should have up-to-date training in advanced life support.

The American Heart Association recommends that non-medical personnel be trained to use an AED. These lay rescuers could include police, firefighters, flight attendants, security guards and other categories identified by the community.

While an AED only is useful when an abnormal heart rhythm is present the machine itself detects the rhythm and will not deliver the shock unless detection is made. According to the American Heart Association, studies have shown that AEDs interpret the victim's heart rhythm more accurately and quickly than trained emergency professionals. ■

Get creative with your Heart Month activities

Draw upon community and in-house resources

For the past four years, Deborah Heart and Lung Center in Browns Mills, NJ, has sponsored the Deborah Heart Challenge during American Heart Month in February. Similar to a spelling bee, the challenge raises awareness about heart disease within the schools and community and increases understanding about the services this specialty hospital provides, says **Tom Campbell**, MS, director of marketing and managed care at Deborah.

The idea for the challenge came up during the monthly meeting of the Deborah Town School Committee, which consists of representatives from the hospital, local community and school district. The committee was formed to create dialogue between the regional specialty hospital and the community.

To compete in the competition, students must take a test on the heart written by the high school science curriculum supervisor who is a member of the committee. Only the top-scoring students can compete in the challenge. Those who are selected are given a study guide from which questions are drawn during the challenge. "Physicians choose the questions and sit on the side as the panel of judges. As we move along, the answers get more difficult and require more explanation," says Campbell.

Students address questions by the physicians in rounds, and when they give an incorrect answer they are eliminated. During the playoff round, the final two students left in the competition write their answers. The winners receive a savings bond and a plaque.

An emcee introduces the students, moves the competition along, and gives facts about Deborah in between rounds. The show is videotaped and broadcast on local cable.

In conjunction with the Heart Challenge, a Heart Art competition takes place. Students

SOURCES

For more information about activities for American Heart Month contact your local chapter of the American Heart Association. For more details on hosting a Heart Challenge or information session, contact:

- **Tom Campbell**, MS, Director of Marketing and Managed Care, Deborah Heart and Lung Center, 200 Trenton Road, Browns Mills, NJ 08015. Telephone: (609) 893-1200, ext. 5843. E-mail: CampbellT@deborah.org.
- **Magdalyn Patyk**, MS, RN, Advanced Practice Nurse, Patient Education, Nursing Development, Northwestern Memorial Hospital, 251 E. Huron, Suite 4-708, Chicago, IL 60611-2908. Telephone: (312) 926-2173. E-mail: mpatyk@nmh.org.

from the local high schools can enter art projects that are developed around the heart and many are three-dimensional. The winners receive savings bonds.

"The art is displayed with the winners to the categories prior to the Heart Challenge," says Campbell. The heart art projects also are displayed in the hospital lobby for three weeks following the competition.

Northwestern Memorial Hospital in Chicago has used a slightly more traditional activity to educate the public about heart health. Last year, the patient family education committee and cardiac/vascular nursing celebrated American Heart Month in the health learning center by hosting a multistation information session.

"Staff at each station were well versed in answering questions related to risk factors and methods to reduce risk for cardio vascular disease," says **Magdalyn Patyk**, MS, RN, advanced practice nurse, patient education.

At the information session held from 11 a.m.-2 p.m., staff and the public learned more about a heart healthy lifestyle by talking with advanced practice nurses, registered dietitians, representatives from cardiac rehabilitation, the Wellness Institute, and physician referral. A smoking cessation specialist also participated.

Staff at each station selected their own handouts related to the topic. For example, the dietitians had information on healthy eating and provided mini consults. Also, appropriate Health Learning Center resources were on display such as models, books, and videos.

Cookbooks from the American Heart Association were given away to everyone who attended. ■

Recruitment for on-line self-management study

The Stanford School of Medicine in Palo Alto, CA, is recruiting participants to determine the effectiveness of an on-line program designed for people living in the United States with heart disease, lung disease, or diabetes. Study participants will be randomly assigned to the program or to a control group.

The on-line program teaches the skills needed in the day to day management of chronic disease. It lasts six weeks and is done entirely on the Internet with participants choosing the days and times that are most convenient for them. All levels of computer expertise are welcome; however, participants will need access to the Internet and an active e-mail account to join. Participation requires logging on two to three times a week for six weeks for a total of one to two hours a week.

Two trained moderators facilitate workshops and one or both of them are peers with a chronic health condition themselves. Topics covered include techniques to deal with problems, such as

CE Questions

CE subscribers: Please complete the enclosed CE survey form and return it with the accompanying envelope for CE credit.

21. Obesity in America is on the rise, and dietitians attribute it to:
A. Too-large portions.
B. Readily available food.
C. Too much fat consumed.
D. All of the above

22. Documentation of teaching went from 12% to 98% at CareAlliance Health Services when:
A. Documentation became part of competencies.
B. Staff received one-on-one teaching.
C. Documentation was made a part of progress notes.
D. Monetary rewards were given.

23. The benefits of joining a professional organization for patient education managers include:
A. Provides networking connections
B. Aids professional growth
C. Helps to secure a raise in salary
D. A & B

24. To ensure that patients were receiving information prior to starting chemotherapy and felt well informed, **Annette Mercurio**, MPH, CHES, director of patient, family, and community education at City of Hope National Medical Center:
A. Create packet of generic information
B. Offer physician inservices
C. Install pamphlet displays in waiting rooms
D. Mail information to patients

Answers: 21. D; 22. C; 23. D; 24. A

frustration, fatigue, pain and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; healthy eating; making informed treatment decisions; disease related problem solving; and advanced directives.

Participants for the study can register or get more information at http://healthyliving.stanford.edu or call (800) 366-2624. ■

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

Kids overweight? Good habits start at home

Good eating habits aren't just taught, they're practiced

The percentage of children who are overweight continues to increase, according to statistics tracked by the Atlanta-based Centers for Disease Control and Prevention. Almost 9 million children and teens ages 6 to 19 are overweight, and another 15% are considered at risk of becoming overweight.

"Children are overweight at record levels, yet obesity is a preventable health risk," says **Christine Braun**, MS, RD, chief of nutrition and food service at the Cheyenne (WY) Veterans Affairs Medical Center.

Nutrition should be an important part of school curriculum, but it must be fun to be interesting, she says. A good way of teaching older children about food selection is to purchase nutrition education software, says Braun. In this way, students can enter the food that they ate for one day and have the program create a graph so they can see which categories they need to pay more attention to — carbohydrates, protein, dairy products, fruits and vegetables, or fats.

During preschool and kindergarten, when children often bring snacks for their class, teachers can provide a list of healthful snacks and ask parents and children to use the list when making selections. It takes 21 days for something to become a habit; so if children select healthful snacks on a regular basis, it will become habitual, says Braun.

Although good curriculum at school is helpful parents need to role-model good eating habits, says **Susan Moores**, MS, RD, a spokeswoman for the American Dietetic Association in Chicago. "Parents have the primary responsibility in shaping children's food habits," she says.

Parents can't tell their children to drink more milk and then drink soda or have a huge supply of such beverages in the house, says Moores.

It's important that parents understand the consequences of obesity in childhood, dietitians agree. Overweight children are more inclined to develop Type 2 diabetes and obesity can set the stage for heart disease in adulthood. However, telling children that they might develop diabetes or have a heart attack when they are older won't motivate them to eat right, says Moores. "Parents need to find out what motivates their child," she explains. For example, a teen-ager would be interested in clearer skin and less oily hair, and a small child might want to run faster and jump higher.

Of course, children enjoy many of the sedentary activities that are making adults gain weight such as computers and television. Parents need to offer children opportunities for activities such as a trip to the park, says Rarback. ■

Walking program provides incentive for more exercise

Prizes given to schoolchildren and families

A few years ago, Deborah Heart and Lung Center in Browns Mills, NJ, launched a heart healthy program at a local elementary school. Called the "Feel-Good Mileage Program" grade-school-age children walked, their teachers tracked the mileage, and Deborah supplied prizes.

For a successful walking regimen, children received long, colorful shoelaces, little feet to string on shoelaces, yo-yos, Frisbees, and other toys. Their teachers decided at which mileage point children would receive a prize.

"We want to create an awareness of the importance of exercise and eating healthy at an early

SOURCES

For information about preventing obesity in children, contact:

- **Christine Braun**, MS, RD, Chief of Nutrition and Food Service, Cheyenne (WY) VA Medical Center. Contact by e-mail only: chris.braun@med.va.gov.
- **Susan Moores**, MS, RD, and **Sheah Rarback**, MS, RD, American Dietetic Association, 216 W. Jackson Blvd., Chicago, IL 60606-6995. Telephone: (312) 899-0040. Web site: www.eatright.org.

SOURCE

For more information about the "Feel-Good Mileage Program," contact:

- **Tom Campbell**, MS, Director of Marketing and Managed Care, Deborah Heart and Lung Center, 200 Trenton Road, Browns Mills, NJ 08015. Telephone: (609) 893-1200, ext. 5843. E-mail: CampbellT@deborah.org.

age," says **Tom Campbell**, MS, director of Marketing and Managed Care at Deborah.

Currently, the medical center and school is considering expanding the program to include entire families by connecting a Rails to Trails walking path near an old train depot to the program. The Rails-to-Trails Conservancy is a nonprofit organization that is working to "enrich America's communities and countryside" by creating a nationwide network of public trails from former rail lines and connecting corridors. Families who walk the trail will receive a pin that has the hospital logo, town logo, school district logo, and Rails to Trails logo on it. "It's a nice incentive for families to get out and walk," says Campbell. ■

Eye injuries steal the joy of the holidays

Give parents guidelines on toys to prevent ED visits

Each year around this time, children awake during the holidays excited to see what toys they will receive. However, once all the presents are unwrapped and play begins, children may end up at the emergency department rather than Grandma's house for dinner.

There are several reasons eye-related injuries occur when playing with toys, says **Betsy van Die**, media relations director for Prevent Blindness America in Schaumburg, IL. Children may receive a toy that is not appropriate for their age or gain access to a toy that was given to their older brother or sister.

For example, many of the 2,000 eye injuries reported in emergency departments each year are in children younger than 4 years old playing with toy weapons such as bows and arrows, slingshots, and cap guns. About 70% of eye injuries from scooters were among children up to age 4, says van Die. The other 30% were between 5 to 14 years old.

Parents, friends, and relatives should read the instructions and suggested age level on the package, but also personally should assess the toy to see if it is appropriate for the child's ability and age. According to guidelines issued by Prevent Blindness America, people need to realize that the listings are not simply for developmental suitability, but also are for safety reasons as well.

Some products have the American Society for Testing and Materials stamp of approval, says van Die. "That means the product has met the national safety standard set up by that group," she explains.

In addition to looking at a product to make sure that it is age-appropriate, those who purchase toys should examine them for safe construction. Toys for young children should be made of durable plastic or wood and have no sharp edges or points, according to Prevent Blindness America. Parents should also avoid toys with small parts or those that might break on impact if their young children drop or bang them against a hard surface.

Observation should be ongoing and not limited to when the toys are first purchased, says van Die. Older children can alter toys or misuse them making them unsafe. Also, parents should monitor the toy chest for broken toys. If the toys cannot be safely repaired, they should be thrown away.

Often, unsafe toys are placed on recall lists as well. These lists are posted at large toy retailers. Parents should return all toys on the list for a full refund. Information on toy recalls also can be found on the U.S. Product Safety Commission web site at www.cpsc.gov.

It's important that playtime is monitored. Toys that seem safe can cause eye injuries. For example, crayons and chalk can injure an eye if a child is poked with the object. Also, model and craft sets can cause eye injuries. Balloons are not only a choking hazard, but they can injure an eye when they pop, says van Die.

Each year, children make out their wish lists. Parents should make out a list as well with recommendations on gifts they feel are appropriate for their child, according to Prevent Blindness America. ■

SOURCE

For more information about teaching patients to select safe toys, contact:

- **Betsy van Die**, Media Relations Director, Prevent Blindness America, 500 E. Remington Road, Schaumburg, IL 60173-5611. Telephone: (800) 331-2020. Web site: www.preventblindness.org. E-mail: info@preventblindness.org.