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# Patient Education Management™

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

## INSIDE



**JANUARY 2003**

**VOL. 10, NO. 1 (pages 1-12)**

# Myths and misinformation: Patients make decisions without all the facts

*Public often doesn't understand complexities of care*

Patients don't always make their health care decisions based on facts. They often determine whether they should see a doctor, follow a treatment plan, or adhere to certain prevention guidelines on misconceptions and faulty information they gleaned from the media, family and friends, the Internet, and other sources.

People have misconceptions about the prevention of illness, healthy lifestyle behaviors, recognizing symptoms and warning signs, how to access the health care system and use it, and medical issues such as medication use, says **Virginia Forbes**, MSN, RNC, program director of patient and family education at New York-Presbyterian Hospital in New York City. For example, some people believe that diabetes can be prevented if they don't eat sweets.

Cultural practices as well as health beliefs and values can affect a person's

### *EXECUTIVE SUMMARY*

We live in an age where information is easily accessible, and, as a result, people can be well-informed health care consumers. That's the good news, but there is a downside to the information glut. Everything people read and hear is not true, and the public often makes decisions about care and treatment options based on faulty assumptions. For example, the media might mention a study that found that breast self-exams are ineffective and without any further research or investigation many readers might stop the practice. In this issue of *Patient Education Management,* we explore sources for faulty information, misconceptions patients have and their impact on health care, and how education can help to dispel the myths.

willingness to take certain actions that may have been recommended by his or her health care provider, says Forbes.

"Misconceptions can be more widespread than we expect," she explains. "As health care educators, we must never assume that a person has accurate information, but rather assess what it is they know and move forward from there."

As a neonatal educator at Children's Healthcare of Atlanta, Egleston Campus, **Eileen Murray**, RN, BSN, deals with myths about pain management on a regular basis. Parents often don't want their babies treated for pain because they have heard that infants can't tolerate the effects of pain medication or they are frightened about side effects, she says. Some think that their baby will become addicted to the pain medication.

People may develop a tolerance for a medication and have to be given larger doses as time goes by or be slowly weaned from the medication as pain subsides but that doesn't mean that they are addicted, says Murray.

Some people believe that when a person is in the hospital, he or she should expect to have pain. "Actually pain is treatable and manageable, and our goal is to make sure nobody has pain," says Murray.

## *Sources for misinformation*

In October 2002, staff at Grant/Riverside Methodist Hospitals in Columbus, OH, conducted many community outreach classes on breast cancer. Each time a class was held, women in the audience questioned the need for mammograms and breast self-exams based on information in the media about studies that found these early-detection methods ineffective.

"We got so many questions, we began acknowledging these studies right up front and discussed how to evaluate the research," says **Mary Szczepanik**, MS, BSN, RN, manager of cancer education support and outreach at the health care institution.

Often people believe that if they read something in a newspaper, magazine, or on the Internet, that it is true. Also, they believe that if it is true it applies to them, and that can be faulty thinking, she says.

People make assumptions about health practices based on the interpretation of a study, which may not be accurate, agrees Murray. Several years ago, parents in the United States began putting babies to sleep on their side based on sudden infant death syndrome research in Switzerland. Yet it wasn't applicable to the United States, she says.

Cancer patients frequently think that the most recent treatment is the best. Or they think that if a relative had cancer and they get cancer, too, that their treatment should be similar. "Individualized care is not a concept that the public understands. There are more than 100 different kinds of cancer, more than one kind of breast cancer, and various stages of all cancers, and the way we treat those illnesses or those stages varies and the same is true in heart disease and diabetes," says Szczepanik.

All this misinformation comes from a variety of sources. During a health fair in the spring of 2002, Forbes conducted an informal survey to

**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.

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**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.

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determine how people got information about health care. She created a form with several options that could be checked and a comment section so participants could write in sources that were not mentioned.

Sixty-seven people completed the form for a total of 179 answers. When the data were tallied, she found that people in the survey indicated they received health care information from the following sources:

- physician: 33%;
- television: 12%;
- friends/family: 11.2%;
- Internet: 11.2%;
- nurse: 9.5%;
- library: 9%;
- newspaper: 9%.

Organizations, textbooks, and magazines also were cited. Reviewing the list of varied sources remind educators they need to reach out in many different directions to ensure that people are getting accurate, reliable, and current health information, says Forbes. But they particularly need to educate consumers about how to locate reliable sources of health information to help them take charge of their care. **(For information on education efforts to dispel myths about health care, see article, right.)**

If myths and inaccuracies are not dispelled consumers might not readily seek health care because they wouldn't necessarily recognize symptoms or know how to seek help, says Forbes. "There may be complications that could be avoided if the patient seeks care earlier," she explains.

If people don't use early screening methods for disease because they have concluded that they are not effective based on faulty information then diagnosis might come at a much later stage, says Szczepanik. "When cancer is diagnosed at a later stage, it is much harder to treat and consumes a lot more health care resources with poorer outcomes for the patient," she says. ■

# Education key to dispelling health care's many myths

*Clarify study interpretation and work with staff*

One way to dispel myths consumers have about health care is to make sure that the staff who work with patients are educated on the topics that cause confusion, says **Eileen Murray**, RN, BSN, a neonatal educator at Children's Healthcare of Atlanta, Egleston Campus.

Each month in employee publications and on flyers that are posted throughout the hospital, she works on dispelling misconceptions about pain management in children by printing a myth followed by the facts that dispel it. For example, many people do not know that there are data that show that when a baby's pain is not managed, he or she could have long-term developmental problems.

"It's important to educate staff so that they can tell parents because they are the ones that have the relationship with parents," says Murray.

Parents are given handouts about their children's rights, which include the right to pain management. In this material, they are told that there are ways to manage pain that are safe and that won't cause addiction or long-term problems, says Murray. Yet it is the staff that must address their fears, she explains.

Misconceptions about health care often are created by media reports on research studies and clinical trials, says **Mary Szczepanik**, MS, BSN, RN, manager of cancer education, support and outreach at Grant/Riverside Methodist Hospitals in Columbus, OH.

"Something I teach when I do community education programs is how to evaluate what you read in the media or see on TV," she says.

When consumers read an article or see a news clip about a research study or clinical trial, they need to note where the information came from so that they might get a copy. The smart consumer

reads the study to find out the population, the study size, the methodology used in the study, its purpose or what the researchers were trying to prove, and how they reported their findings, says Szczepanik. If the people in the study were age 25 and the consumer is age 65, then it is a different population.

Health care professionals need to be prepared to answer questions people might have about medical information that is being reported by the media, she says. "We have to accept the fact that people are getting information from a variety of sources and ask them what they have been reading," she says.

In addition, health care organizations need to evaluate web sites and provide consumers with criteria on how they can evaluate them as well. "We should only recommend sites that are evidence-based and not opinion- or trend-based," says Szczepanik.

### *Create good outreach strategies*

In some instances, it is good to try for a broad dissemination of information, similar to the outreach education strategies of national health observance months such as American Heart Month in February, says **Virginia Forbes**, MSN, RNC, program director of patient and family education at New York-Presbyterian Hospital. However, this type of public awareness needs to start at a much more basic level such as the schools, she says.

Health care organizations can collaborate with schools, the community, and organizations to make sure people have access to current information and understand it. A good example of such collaboration is NOAH: New York Online Access to Health (www.noah-health.org). It was established in 1994 when four New York City library organizations got together to create a web site with reliable consumer health information.

Yet a more basic step would be to make sure that providers understand how to teach patients and understand what their needs are, says Forbes. All health care providers need to know how to provide information to patients in a way that they can understand, she says.

"It's important that we educate, educate, educate all we can," concludes Murray. ■

# Joint Commission looking for outcomes measurement

*Should be a high priority for patient educators*

Patient education managers should make outcomes measurement a high priority, says **Barbara Moore**, MPA, CPHQ, an instructor at the Amarillo (TX) Veterans Affairs Health Care System. These measurements are important when seeking funding for a new program or resources as well as renewed funding. Administrators want to know if the programs are worth funding, if they are effective, she explains.

The Oakbrook Terrace, IL-based Joint Commission of Accreditation of Healthcare Organizations wants to see outcome measurements as well. "When the Joint Commission came here in the spring their No. 1 patient education question was how do you know your patient education is effective?" says Moore.

To gather outcome data, managers first must determine what outcome they want to achieve. For example, if many patients who are seen by physicians at the health care facility have high cholesterol, a class might be implemented to teach them how to lower their cholesterol. In that case, the goal of the class, or desired outcome, would be to lower patient's cholesterol.

When selecting an outcome measure, select something clearly defined that either happens or doesn't, says Moore. "If you are too global, then your ability to collect the data might be hard. So you need to be very clear and precise. You also need to think about outcomes that will happen on a regular basis," she says. If outcomes are infrequent, it takes too long to accumulate enough numbers to analyze the data.

There are many examples of clear and precise outcomes. For example, if a program to teach new mothers to breast feed their babies has been implemented, a patient education manager might measure how many women who are discharged successfully can nurse their newborn. Or perhaps people coming in for surgery are not prepared. The effectiveness of a pre-surgery education program could be measured by looking at the increased number of patients now prepared for surgery as a result of the teaching.

Ideally, a baseline measure should be taken at the beginning of the program so there are numbers to measure the outcome data against. "One of the mistakes that a lot of people make is they

**SOURCE**

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leap right into a program, and they haven't taken much of a measurement prior to the implementation of that program," says Moore.

It also is important to define the population that the expected outcome will come from, she says. For example, if the effectiveness of a class that teaches patients to lower cholesterol is being measured, then everyone who attends the class is the population.

Determining how to collect the data is important as well. It sometimes can be collected from charts. To determine if an outpatient class is effective in teaching patients to reduce cholesterol, the figures would have to be collected from the physicians.

### *Analyzing the data*

The final step once the numbers are collected is to analyze the data, says Moore. To make this process simpler, don't just count the number of patients who reduced their cholesterol following the class, but figure a rate of those patients who lowered their cholesterol from month to month, such as 2% or 10%, she advises. In this way, percentages can be compared from month to month.

"Once you have your measurement or rate, you have a lot of options on how to analyze the data," says Moore. One way is to plot the data along a line from month to month to see if the program is achieving the desired outcome.

"It is really important to know where you began before the intervention started and in that way you can support your case that your intervention was directly related to the outcome," she says.

Comparisons help to show that the educational intervention is effective. The most basic comparison is with the baseline measurement, says Moore. However, comparisons can be made between surgical units and other institutions with similar types of patients as well. "You need to make sure that the way you count patients and the way you are figuring those rates are similar enough to justify what you are doing," she cautions.

When presenting findings to top management, give them the whole picture but make sure that the tool used, whether a chart or a graph, has a clear message, advises Moore. For example, 60% of patients who attended the class lowered their cholesterol.

The process to gathering data to support patient education programs isn't too complicated. "Think carefully about the outcome measure, take a baseline, find a comparison and watch it over a period of time. Don't try to draw conclusions too quickly," she advises. ■

## Make sure pamphlets are working as education tools

*Correct design problems and teach staff*

Written handouts work best when used as a supplement to reinforce personal instruction that is given verbally.

"A pamphlet is not a good teaching tool when it is not used as a teaching tool, but merely handed to the learner. The contents need to be discussed by the learner and health care provider for the pamphlet to become a teaching tool," says **Fran London**, MS, RN, a health education specialist at The Emily Center, Phoenix Children's Hospital.

They should never be the only way information is imparted to patients, agrees **Sandra Cornett**, RN, PhD, director OSU / AHEC Health Literacy Program, Office of Health Sciences, The Ohio State University (OSU) in Columbus.

However pamphlets are versatile and can be used to reinforce teaching at workshops and for future reference; as part of discharge instructions; in waiting rooms on wall racks or bulletin boards for stimulating interest in a particular topic or for general information; and they can be mailed to patients for continuing follow-up, says Cornett.

"Pamphlets can also be given to patients as 'pre-reading' to give the patient a head start on the content to be covered in person," she says.

When educating patients, pamphlets are best used for information that is complex, needs to be shared with others in the family, or needs to be referred to at home, says London. For example, step-by-step instructions on a home care skill are very important to have in writing.

"Pamphlets can reinforce teaching and be referred to at home to aid memory. They can be

shared with people not present at the teaching session. They also can guide teaching so all health care providers in a group cover the same material," says London.

To be effective, however, pamphlets need to be targeted to the learner's needs, she says. The educator should assess the learner's needs and abilities before pulling out the pamphlet.

The educator must decide whether or not a particular pamphlet should be given based on the assessment of their patient's learning needs and the kind of learner they are, agrees Cornett. While some patients learn best by reading, others are visual or auditory learners. "Literacy, of course, is a big issue, but all pamphlets should be easy to read regardless of the person's ability to read," she says.

Pamphlets are not always a good teaching tool if they are used without helping the person adapt the information to their situation. Educators need to individualize the pamphlet while teaching by pointing out key areas that the patient should read and highlighting these areas, says Cornett. They should teach patients to use these sections as a reference and future resource. If the pamphlet has areas to write individualized instruction, the educator should do that.

"Ask patients to read a portion of the pamphlet and then ask questions about what they read to determine if they are comprehending the message and can use the information in their situation," says Cornett. It helps if the educator poses problems for them to solve using the information.

"Often left out of pamphlets is the opportunity for the learner to become actively involved in the learning process. They are too often passive materials," says London. Handouts and booklets created at Phoenix Children's Hospital all include cues for the learner to interact. Often, topics for discussion are included such as: "Now that you've read this, tell your nurse or doctor what you would do if . . ." or "Show your nurse or doctor how you . . ." When appropriate, the review is presented as a crossword puzzle that the health care provider can review with the learner.

## *Effective by design*

When poorly written, pamphlets can be overwhelming and ineffective as a teaching tool. "Often, too much information is presented and not in a way that helps the reader use the information to make decisions about care," says Cornett.

No more than three to five key messages should be in one piece of material and only the essential information covered. Doing audience research before the piece is made is important to determine what information they think is important to know, she says.

"The design should grab the readers attention and look easy-to-read, and key messages should be up front and action-oriented. The message also should be framed from the reader's perspective," says Cornett. Good layout and design includes the following aspects:

- looks uncluttered with ample white space and short line length (two to five inches) or gutters for columns and generous margins;
- use of upper and lower case letters (not all caps, even in titles) — 12- to 14-point serif typeface;
- infrequent use of italics;
- visible subheadings used that are conversational in nature such as statements or questions.
- white space balanced with words and illustrations. All illustrations labeled or with captions and culturally suitable and meaningful for reader;
- key points emphasized by using boxes, lines, bold, increased print size, different typeface, and color;
- engages reader by using formats such as story, dialogue, checklist and self-quiz.

Pamphlets should be field-tested with the intended readers before the material is finalized and printed. This will help ensure that the piece is appropriate and will not be discarded.

Once put into circulation the effectiveness of the pamphlet might be determined by evaluating the patient's behavior in terms of adherence to treatment and self-care in accordance with the content, says Cornett.

A patient education manager should cut a pamphlet from a teaching materials list when the

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health care providers do not review the contents with the learners, says London. If an educator doesn't care whether or not the learner understands the contents, then the information is not essential for self-care and is not serving as an education tool, she explains.

Also, a pamphlet should be pulled from use when the topic no longer is applicable for that patient population. However, the pamphlet usually is overhauled or revised to better meet the needs of the patient population rather than pulled from the list, says Cornett.

"Determining whether or not revisions are needed is based on changes in the message that need to be done and/or changes that need to be done to enhance the usefulness of the pamphlet and get more people to read it," she says. ■

# Is that the final draft? Let patients review

*Handouts not complete without patient input*

Great Plains Regional Medical Center in North Platte, NE, has a materials review process in place that ensures handouts are medically correct and professional. Yet the review process didn't include consumers until last year when the public relations committee decided their input was vital.

"We do all this work to have materials reviewed by professionals who go over them with a fine-tooth comb, but if they don't make sense to the patient of if they are too technical or if too many big words are used, all our work is for not," said **Barb Petersen**, RN, patient education coordinator at the medical center and a public relations committee member.

The consumer review process is simple and does not take a lot of time. Two laypeople review each brochure at the same time professionals are looking at it, after it has been written and graphics have been selected. **(To learn more about the professional review process, see article on p. 8.)**

The two consumers selected for the review process are volunteers at the medical center and are chosen by the volunteer coordinator. The coordinator often tries to find a volunteer familiar with the topic. For example, if the brochure is for patients with congestive heart failure, one consumer might have the disease. However, each brochure is reviewed on a case-by-case basis, says Petersen.

Frequently the volunteer coordinator will e-mail Petersen to see if the two laypeople selected for the review process are a good choice.

The original plan was to find two patients with the condition the brochure addressed. For example, congestive heart failure patients would review brochures on that topic. "That becomes very labor-intensive, and none of us really had that kind of time or energy," says Petersen.

Although only two volunteers are selected to officially review the handout, the two copies of the brochure often will remain on the main volunteer desk for a couple of days, and when volunteer's check in they will review the copy and write comments.

"Often more than two people are actually looking at the copy. Sometimes it is four or five volunteers reviewing it during the time it is on the desk," she says.

The consumers are not given a set of guidelines to follow during the review process. They receive a cover letter that invites them to write all over the copy as they see fit. "I don't give them the actual professional review form because it seems like it is too structured. I want them to look at the handout and write down whatever comes to their mind first," says Petersen.

### *Review proven valuable*

Consumers find information that does not flow well, sentences that don't make sense, and printing errors others have missed. When Petersen sent a pediatric pain brochure out for the final review she thought that it finished until it came back with several question marks and comments. Several pain scales on the brochure were confusing to consumers, she says.

For the final draft, information was moved around so that it made more sense. One sentence had been cutoff by a pain scale during formatting, and other reviewers did not catch the mistake.

The consumer's input is used in the final draft about 75% of the time, says Petersen. "Once in a while, there is a comment or suggestion to change a word that doesn't seem fitting, and if I do choose not to use the recommendation I will often send the handout back to other professional reviewers for their opinion," she says.

Changes from the professional review and lay review are made at the same time. When the brochure is complete, a copy is sent to the originator, whether a committee or single

**SOURCE**

For more information about the consumer review process for patient handouts, contact:

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person. Once the originator approves the suggested changes a final draft is again sent to a group of professionals for review.

It's extremely valuable to have consumers review patient handouts, says Petersen. "If patients can't read it, if they can't understand it because it is too technical, if they just don't like it or the format is bad, they aren't going to read it and won't make use of it," she explains.

Health care professionals try to explain technical words and procedures in their own terms when writing handouts, but it doesn't mean anything to patients, says Petersen. With consumer input, the end product has better results, she says. ■

# Review process improves the quality of handouts

*Input, reviewer feedback produce best results*

It's not only important to create educational handouts that patients will read; it is equally vital that health care professionals use the materials.

That's why patient education managers must get buy-in from everyone who might be involved in using the brochure as a patient handout during the development process, says **Barb Petersen**, RN, patient education coordinator at Great Plains Regional Medical Center in North Platte, NE. "If someone does not feel part of the development process, they don't seem to buy into the document very well," she says.

One of the best ways to involve professionals is to include them in the development and review process. Get all the stakeholders, directors, and anyone that might champion the use of the document involved, advises Petersen.

To determine who to involve she asks the professional who approached her about creating the handout to suggest people who might have valuable input on the topic. "I always have at least one physician and prefer two or more review all documents," says Petersen. The physicians are in the specialty area that the handout covers.

The professional review team for a chest tube document included all surgeons that perform chest tubes, the head physician in the emergency department, the emergency department director, the trauma director, the medical surgical director, and respiratory director.

To assist professionals in the review process, Petersen created a review form patterning it after a form she received from another health care facility. It has quick and easy check boxes with an area for written comments.

Reviewers are asked if the content is medically accurate and current, if it is consistent with their policy and practices, and if it covers the essential information a patient and family needs among other questions. **(To review all questions asked of the reviewer, see copy of form inserted in this issue.)**

## *Advice taken*

Most comments made by the reviewers are incorporated into the final copy. "I feel that the professional reviewers are the individuals with the hands-on knowledge, and I generally follow their suggestions," says Petersen.

However, multisyllable words might be changed to make the copy more readable. If suggested changes would make the copy too technical, she asks the reviewer to use explanations that would keep the handout readable as well.

With comments in hand, Petersen makes the changes and sends them out to the whole review group asking that they reply right away. During the first review process, the professional is given 20 days to reply.

The professional review takes place after the copy has been submitted by the developer of the handout and rewritten for readability and formatted. "It can't be too complete so that you don't want to make any changes, yet it can't be too rough a draft or the reviewer does not get the whole picture of the document," she says.

Professional review of documents does improve the quality of the copy, she says. The tracheostomy care handout for patients was reviewed by multiple in-house professionals with few changes but did not receive any input from the requested physicians.

However, during an inservice to review

techniques for tracheostomy care, the handout was made available and the physician teaching staff used the patient education guide as the primary handout. "As he then had time to read it in detail and discuss it with staff, there were significant changes made to the document," says Petersen. The line-by-line review greatly improved the quality of the document.

To help boost the use of the final handout, reviewers receive a final copy along with a thank-you letter that also provides information on how they might get copies of the handout. ■

# Chiropractic care isn't too much of a stretch

*Pain relief and wellness model to prevent problems*

Many people see chiropractors to help control back or joint pain, but usually by the time pain appears as a symptom a large amount of joint degeneration has taken place, says **Scott Bautch**, DC, past president of the Occupational Health Council for the Arlington, VA-based American Chiropractic Association and a practicing chiropractor in Wausau, WI.

Chiropractic works better as a prevention model, he says. That's why most teams in the National Football League have a chiropractor on staff. People who participate in sports or recreational activities that are physically traumatic or who have physically stressful jobs might benefit from preventative chiropractic care.

Bautch likens such care to having the front end of a car aligned. When a car is out of alignment the parts wear wrong. "To get the most miles out of your body that you possibly can, you want to make sure it is working as efficiently as it can, and if you are abusing it and really pushing your body, it becomes even more important," he says.

If news reporters spend six hours a day on the computer for more than six years, about 80% will have some sort of upper-extremity problems such as neck, back, hand, elbow, or shoulder pain or headaches and eye problems. Chiropractic care could help prevent these problems, says Bautch. "If they get to the six-year mark and start having symptoms, those symptoms are the end result of something not working right not the beginning," he explains.

The definition of chiropractic given by the American Chiropractic Association is: "That science and art concerned with the relationship between the spinal column and the nervous system as it effects the restoration and maintenance of health primarily utilizing the hands to adjust misaligned or malfunctioning vertebrae."

The idea behind chiropractic, which originated in 1895, was that spinal misalignments interfere with the proper function of the nervous system and since the nervous system influences other bodily systems these misalignments result in health problems. The thinking was that with a normally functioning nervous system, people are better able to adapt and cope with stresses that come to their body whether mechanical, viral or bacterial, says Bautch.

## *Mix-and-match process*

People go to chiropractors for a variety of reasons and therefore must learn to select a practitioner that matches their health care goals. "As in medicine, there are many specialties," says Bautch. There are chiropractors that orient their business toward acute care and others towards wellness care. The wellness care model is focused on preventing joint and back problems. The acute model might treat a patient who bent over and can't stand up.

A practitioner also might be geared toward nutrition, sports, industry, or pediatrics. Some chiropractors have a subspecialty such as occupational health, orthopedics, or neurology, he says.

The best way to find a chiropractor is by word of mouth. He advises people to talk to others who have gone to a chiropractor to learn as much as possible about the practitioner. This will help them determine if the model of care matches their need. "Getting a chiropractor from an ad in the newspaper or the *Yellow Pages* should be a last resort," says Bautch.

One of the myths about seeking help from a chiropractor is that patients will need to come back for the rest of their life, he says. However, patients choose the kind of health care they want. "They can have acute care which means they come when they are symptomatic or they can choose to have wellness care," he explains.

It is similar to dentistry, says Bautch. People can have regular dental checkups to maintain healthy gums and teeth or they can go to the dentist when their teeth hurt.

It's best for patients to discuss their needs with their chiropractor, he says. "Some patients come

**SOURCE**

For more information about educating patients on chiropractic care, contact:

- **Scott Bautch**, DC, Past President of the Occupational Health Council, American Chiropractic Association, 1701 Clarendon Blvd., Arlington, VA 22209. Telephone: (715) 842-3999.

in to the chiropractor's office once a month because if they go much longer they start to develop symptoms. They are called supportive care patients," he says. Other patients might come in every six weeks or every three months depending on their history.

The care is much more than the office visits, however. Patients are often given a set of exercises and nutrition is discussed. Patients don't just come in to receive treatment and then leave; often they must change their behavior if they want to prevent repeated regular visits, says Bautch.

During a typical visit, the chiropractor will look at individual motion of the spine having patients bend over and touch their toes to determine how the vertebrae are moving in their back. They will also check to see if patients' motions are symmetrical by having them move forward, backward, left, and right from a sitting position. Watching patients walk and complete some functional challenges such as standing on one foot with their eyes closed to determine if they can maintain their balance are also pieces of the exam. Chiropractors want to know if there are functional abnormalities that aren't showing up as symptoms yet, says Bautch. ■

# March is the month to focus on kidneys

*Target lifestyle changes for prevention*

Although 20 million people are at risk for chronic kidney disease, most aren't even aware of the potential health threat, according to the National Kidney Foundation based in New York City.

Chronic kidney disease usually causes no symptoms until it reaches an advanced stage. That's why the focus of National Kidney Month in March is to encourage people to be tested for kidney disease, especially if they are at risk, says **Ellie Schlam**, public relations director for the National Kidney Foundation.

Those at high risk include:

- people with diabetes or those with a family history of diabetes. Type II diabetes is the leading cause of chronic kidney failure;
- those with high blood pressure or family history of hypertension. High blood pressure is the second-leading cause of chronic kidney failure in the United States;
- people with a family history of chronic kidney disease;
- African-Americans, Hispanics, Pacific Islanders, and Native Americans.

The National Kidney Foundation recommends that those at risk for kidney disease have their blood pressure checked, have a urinalysis to check for protein, and a blood test to determine the level of serum creatinine, which is a waste buildup that would indicate that the kidneys are not filtering the blood as well as they should.

When patients test positive for chronic kidney disease, they are referred to a kidney specialist to develop a treatment plan and discuss lifestyle changes. These might include weight loss, exercise, smoking cessation, a reduction of analgesics, and the implementation of a low protein or low salt diet, says Schlam.

Patients at risk whose test results are normal should be advised to reduce the risk of developing kidney disease. The most important steps would be those that have been shown to affect hypertension and diabetes, says Schlam. They include the following:

1. Implement a low-salt diet of no more than 4,000 mg of sodium per day. In general, low-salt diets are associated with lower blood pressures and preservation of kidney function and prevention of heart failure and stroke.
2. Implement a high-potassium diet of 4,000 mg or more of potassium per day (as long as kidneys are functioning normally). Societies that have high intakes of fresh fruit and vegetables have the lowest incidence of high blood pressure, kidney disease, and heart disease, says Schlam.
3. High-calcium diets, especially low-fat dairy products such as yogurt and skim milk, are associated with lower blood pressures, says Schlam. Calcium intake per day should be in excess of 1,500 mg.
4. Eat a diet low in saturated fat and simple carbohydrates and high in complex carbohydrates.

**SOURCE**

For more information about National Kidney Month in March, contact:

- **Ellie Schlam**, Public Relations Director, National Kidney Foundation, 30 E. 33rd St., Suite 1100, New York, NY 10016. Telephone: (800) 622-9010. Web site: www.kidney.org.

This type of diet is associated with better glycemic control and lower incidence of kidney disease, heart disease and stroke.

The goal of the National Kidney Foundation is to eradicate diseases of the kidney and urinary tract. Each year, more than 50,000 Americans die of kidney disease. More than 35,000 patients are waiting for kidney transplants. ■


# CDC recommends use of alcohol hand rubs

When the Centers for Disease Control and Prevention (CDC) in Atlanta released its new hand-hygiene guidelines in October 2002, alcohol-based handrubs were recommended. According to the CDC more widespread use of these products improve adherence to recommended hand hygiene practices, which increases patient safety and prevents infections.

Health care workers tend to use these hand rubs because it takes less time than traditional hand washing with soap and water. The product is applied to the palm of one hand and spread across all hand surfaces by rubbing the hands together until they are dry. The CDC estimates that a nurse on the intensive care unit will save one hour of time during an eight-hour shift by using an alcohol-based hand rub.

To promote use at health care facilities, the CDC recommends that administrators not only consider the efficacy of the hand rub against various pathogens but also its acceptability among personnel. Characteristics that might affect use include the smell of the alcohol-based hand rub, its consistency, color, and whether it dries hands out.

Although alcohol-based hand rubs significantly reduce the number of microorganisms on the skin, the CDC recommends that health care workers wash with soap and water if their hands are visibly soiled. The center also emphasizes that good hand hygiene does not eliminate the need for gloves. It estimates that gloves reduce hand contamination by as much as 80% and prevent cross-contamination. Their use protects patients and health care professionals from infection.

Each year nearly 2 million patients in hospitals throughout the United States get an infection, and about 90,000 die as a result. The CDC expects the hand rubs to help improve hand hygiene because they are more accessible than sinks thus personnel will be more likely to use them before and after working with each patient. To obtain a copy of the CDC hand washing guidelines, access the CDC web site at www.cdc.gov/handhygiene. ▼

# Promotion of events on patient education

If your organization is sponsoring a future event pertinent to patient education managers, send us the information at least two months prior to the scheduled date, and we will help you get the word out. Details should include event title, theme and purpose, dates and times, and cost. Information can be sent via e-mail to Susan Cort Johnson, editor, *Patient Education Management:*

**COMING IN FUTURE MONTHS**

- ■ Criteria for plain language pamphlets
- ■ Assessing need for educational materials
- ■ Providing education for a culturally diverse population
- ■ Including patient education in hospital orientation
- ■ Teaching aids to enhance patient education

## CE Questions

1. Which of the following methods can be used to dispel myths and misconceptions that some consumers have about health care?
A. Post the facts about myths.
B. Teach evaluation of resource information.
C. Collaborate with community organizations.
D. All of the above

2. Written handouts are not good teaching tools when used in the following manner?
A. Handed to patients following teaching
B. Reviewed with patients during teaching
C. Information is individualized to meet learner's needs
D. Educator asks learner questions about content

3. Great Plains Regional Medical Center in North Platte, NE, selects two patients to review the final draft of all pamphlets before they go to press.
A. True
B. False

4. Many injuries to children could be prevented if parents would do which of the following?
A. Install child safety seats correctly in cars
B. Have children wear bicycle helmets
C. Test bath water temperature with their hand
D. A & B

**Answers:** 1. D; 2. A; 3. B; 4. D

suscortjohn@onemain.com. Or mail information to: P.O. Box 64, Westwood, CA 96137. ▼

# Share your success stories

Have you created patient education programs that provide solutions to persistent problems in patient education or come up with innovative teaching ideas? If so, we would like to profile your program or idea in *Patient Education Management.* We are interested in all types of topics including educational materials, teaching methods, improved documentation techniques, outcome measures, and staff development. If you would like more information or want to suggest an article idea, please contact Susan Cort Johnson, editor *Patient Education Management*, at: (530) 256-2749 or suscortjohn@onemain.com. ■



## 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. ■