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Patient Education Management™

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

INSIDE

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Seize bedside opportunities to teach; education should be part of procedure

More than an afterthought; learn techniques for effective, timely instruction

Time, or the lack of it, should not be an excuse not to teach, says **Yvonne Brookes**, RN, patient education liaison at Baptist Health Systems in Miami. Teaching is part of patient care.

"The nursing shortage is there, and the nurses probably have more patients then they used to, but they don't skip a medication because they have no time," says Brookes.

Nursing and other disciplines must learn how to fit teaching into patient care and not look at it as an extra task they have to find a lot of time to do, she says. At Baptist Health Systems, nurses are taught to use every opportunity to teach patients and avoid making it an extra task. They learn to integrate patient education into everything they do.

For example, when nurses are changing a dressing or taking a patient's blood pressure, they devote an extra five minutes to asking the patient questions and providing information on things the patient needs to know for a safe discharge. Brookes advises nurses to evaluate learning needs by asking patients questions such as how they would take their medication at home or what they would do if they suddenly became short of breath. It's

(Continued on back cover)

an easy way to assess learning needs or determine if the patient has learned what has been taught.

"We teach nurses that education is part of the end-of-shift report. They should explain to the person taking over their shift what they have discussed with the patient and what needs to be reinforced," says Brookes. Just as a nurse reports what kind of IV a patient is on or whether the patient is on a special diet, he or she also should report patient education needs as well, she says.

Nurses within Baptist Health Systems also are taught to use observation as part of the assessment rather than asking questions from a long checklist. Things such as language barriers and cultural differences can be noted by careful observation during the initial assessment, says Brookes. **(For other timesaving methods of teaching, see article on p. 15.)**

Techniques for effective teaching are part of the orientation process for new employees and provided on an ongoing basis via short seminars, tips sheets, and newsletters. It can't be a one-time effort. Teaching skills must be covered time and time again, says Brookes.

A patient teaching competency project currently is in the implementation stage at M.D. Anderson Cancer Center in Houston.

"We did an institutionwide evaluation of patient education, and one of the things the staff nurses voiced was that they wanted to be better teachers," says **Nita Pyle**, MSN, RN, associate director of patient education. The competency project is a result of the survey.

A multidisciplinary group put together a list of behaviors that would demonstrate that a staff member was a competent teacher. The list includes three important elements:

1. Assess patients and caregivers for learning needs.

The staff member knows how to use the interdisciplinary patient teaching record as a guide for assessing the patient's barriers to learning, learning needs, and preferred learning style. He or she provides an opportunity for the patient and caregiver to voice needs and concerns. Also, the staff member identifies the appropriate caregiver to teach.

Staff often will spend time teaching a family member who is with the patient at the hospital only to find out that he or she lives in another city and won't be the caregiver when the patient is discharged, says Pyle.

2. Plan effective patient education.

Staff must know how to determine what is important to teach and select the teaching resources appropriate for the patient. At M.D. Anderson, the video-on-request system is available to assist with teaching, and an on-line patient education database from which to select from more than 1,000 instructional documents also is easily accessible. The Place of Wellness offers a variety of classes on integrative methods for coping and stress management.

"It is important as a part of the competency for the nurse, the pharmacist, or whomever is teaching the patient to know those resources," says Pyle. **(See how one health care facility made teaching resources readily available to assist nurses in article on p. 16.)**

3. Assess effectiveness of teaching.

Teaching is not complete until patients have an opportunity to demonstrate their learning. It's not

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Teaching aids streamline the educational process

Stickers, checklists, and kits improve learning

Aids that streamline teaching make the process simpler for staff who educate patients in preparation for discharge. That's why the education department at M.D. Anderson Cancer Center in Houston has created several tools to make teaching more efficient.

A discharge planning sheet checklist on the bone marrow transplant unit helps staff cover all teaching topics that are necessary for a safe discharge. The checklist is kept outside the door of each patient's room with a cover sheet for confidentiality. That way it is easily accessible to staff responsible for teaching, and the items that have been taught — such as dietary restrictions — can be checked off. Staff can see at a glance where the gaps are in teaching.

"It helps staff make the best use of their time with patients," says **Nita Pyle**, MSN, RN, associate director of patient education

Another timesaving teaching aid is a diabetes teaching kit, designed to aid staff in teaching cancer patients with steroid-induced diabetes. All the handouts and equipment for teaching patients how to care for their diabetes is in the kit.

"Nurses don't have to look for the teaching plan or patient handouts. It is all captured in this little plastic bucket with a handle and lid," says Pyle. It used to contain teaching videos, but they are now on the housewide television system. Nurses have patients watch the video before they do the one-on-one teaching.

While documentation is key to efficient patient education because it is the tool for communication among the multidisciplinary members of the team, it isn't always completed properly. Harried staff can skip the process to save time.

Therefore, the patient education department created pre-printed stickers for topics taught that have repetitive content. For example, chemotherapy patients must be taught about the side effects of the treatment that would include low red-cell count, low white-cell count, low platelet count, fatigue, hair loss, mouth sores, constipation, changes in skin, changes in appetite, sexual issues, and nausea.

The content of the teaching will differ depending on the drug or protocol, but the topics are consistent, says Pyle. "The nurse can check the topics taught and write in any specifics. That is a timesaver in the documentation process and also a prompt as to what it is they need to teach," she explains. ■

enough to ask, "do you understand?" because the patient could answer yes without really comprehending what was taught. "It's important that the patient demonstrate his or her knowledge or skill," says Pyle. This could be done by completing the task, such as changing a dressing, or by providing pertinent information such as the signs and symptoms that would prompt a call to the physician.

Several tools are being selected and designed at M.D. Anderson that will help staff build on strengths and increase competency in teaching. The tools include traditional classes, discussion group case scenarios, self-learning modules, and a video on effective teaching techniques.

The method for assessing competency also still is in the works. "We will work with the individual departments to develop what is useful for them and their staff. Different areas may need to evaluate competency in different ways," says Pyle. Currently the nutrition department evaluates teaching competency by peer observation. However, such an evaluation method might not work for a large staff.

In an era when patients are hospitalized for only a short period of time and nursing shortages are common, competent teachers are vital. "Making sure that staff know how to teach competently makes the patient education process more efficient," says Pyle. ■

SOURCES

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- **Nita Pyle**, MSN, RN, Associate Director of Patient Education, M.D. Anderson Cancer Center, 1515 Holcombe-Box 21, Houston, TX 77030. Telephone: (713) 792-7128. E-mail: ndpyle@mdanderson.org.

Make handouts convenient for bedside instruction

Simple sheets provide additional information

HealthQuarters, the patient education resource center at LaPorte (IN) Regional Health System, was implemented as an adjunct to patient education.

Bobbi Herron, RN, BSN, nurse coordinator of HealthQuarters, does everything that she can to aid the nurses with their bedside teaching. Although each unit has written materials available to aid staff with verbal instruction, a call to the resource center provides additional materials when needed.

However, Herron determined that staff were just too busy to make that call. Whenever she went to the various floors to ask nurses what educational handouts she might bring them to help with their teaching that day, the requests were numerous. One day she received 22 requests for information, such as what a patient might expect post-op following total hip surgery.

To help make educational materials more easily accessible, Herron decided to duplicate a lot of the information available on a patient education CD-ROM she had in the resource center and make it available in a binder that could be kept on each floor. To determine which information sheets to include, she looked at the request for information slips she had received from nurses. She also used her own judgment from past experience as a floor nurse and selected 75 topics.

The education binders were distributed to each floor by the representatives that sit on the patient and family education committee, of which Herron chairs. There are actually two binders of information with topics A through G in the first and H through Z in the second. "It is the responsibility of the representative to explain how to use them," she says.

The process is not difficult. An index in the front of each binder lists the topics in alphabetical order. The nurse pulls the information sheet needed for the patient from the binder and places a HealthQuarters education information sticker from the patient's chart on the cardstock tracking sheet in the front of the binder. The sticker has a place for the nurse to write the topic, the date, and initial it. Herron files the cardstock filled with stickers as part of the patient education documentation process.

The handouts provide basic information, says Herron. For example, the sheet on breast cancer explains what it is, how it is diagnosed, what the treatments are, and whether the patient should follow a special diet. It also includes questions to ask a physician. "The handouts have general information about conditions and diagnoses. For most people that don't have a lot of medical knowledge, it is enough to answer some of the questions they have," she says.

Follow-up available

The number for HealthQuarters is on the handout so patients can call Herron with additional questions once they return home. The most teachable moment is not at the bedside it is after discharge when patients begin feeling better, says Herron. "That is the time when they need something in their hand to read," she explains.

Herron only provides patients with general information, however. If they have questions specific to their case, she refers them to their physician. She will send them a packet of additional information if they want something more in-depth than the handout from the binder. People also are welcome to visit the resource center and find their own information.

While most requests from patients for additional information come after they are discharged from the hospital, on occasion the patient still is on a unit. In that case Herron usually gives the packet of information to the patient's nurse to deliver to ensure that it is appropriate. If Herron does deliver the information, she goes through it with the patient to explain what she found on the topic of interest.

To make sure that the general information sheets are available when nurses need a handout on a topic, Herron places two copies of each subject in the binder. On Mondays and Fridays, she and the volunteers that help staff HealthQuarters go to each unit and pull the tracking sheet. "We make more handouts and go and replace them on a weekly basis," says Herron.

The binders recently have been introduced and Herron doesn't know yet if they will be well used. She plans to go to each unit and talk to nurses individually to see how they like them and to make sure they know how to use them.

Originally Herron had planned to put the binders on only a couple units, but all the directors wanted copies on their floors. Also, her original plan was to make the information unit-specific,

SOURCE

For more information on the patient education distribution system initiated at LaPorte Regional Health System, contact:

- **Bobbi Herron**, RN, BSN, Nurse Coordinator, HealthQuarters, LaPorte Regional Health System, 1007 Lincoln Way, LaPorte, IN 46350. Telephone: (800) 654-4841, ext. 2127. E-mail: bobbiherron@attbi.com.

with cardiac materials in the binders for the cardiac unit and surgical information in the binders for the surgical floor but the task of creating the individual binders became too daunting. With only volunteers to help with the project, it was too difficult to make them unit-specific, says Herron. ■

Smallpox education now limited to staff

Patient education is in developmental stages

Although the United States is gearing up for the possible use of the smallpox virus by terrorists, educating the general public about smallpox is not a high priority at most health care facilities because vaccines are not available to this segment of the population yet. The current focus is on staff education with educational campaigns for consumers in the contemplation stage.

At Southwest Washington Medical Center in Vancouver, the emergency department recently completed a "skills day" for staff providing them with handouts and charts on the smallpox vaccine, vaccine side effects, and smallpox recognition. "We are not doing anything for patients at this point as recommendations aren't really for them to be vaccinated. It is more just awareness," says **Mary Paeth**, MBA, RD, patient/family education coordinator at the medical center.

Plans are being set in place for a full-scale campaign to educate internal staff at Children's Hospital and Regional Medical Center in Settle. A community education plan will follow but has yet to be defined.

Mercy Medical Center-Clinton (IA) is following the guidelines established by the Atlanta-based Centers for Disease Control and Prevention (CDC) and the Iowa Department of Public Health. A nationwide smallpox response plan to quickly vaccinate people to contain a smallpox outbreak has been initiated by the U.S. government.

"We are currently working with the state to set up regional disaster/bioterrorism plans," says **Kelly Sterk**, RN, BSN, an infection control practitioner at the medical facility.

Pressing educational needs in other areas also can make consumer education about smallpox and the vaccine a low priority. At Phoenix Children's Hospital, the current focus is an educational campaign to prevent respiratory syncytial virus (RSV), an active infection that is a dangerous threat to premature babies and sick children. During RSV season, the hospital is in full alert and no one with RSV is allowed into the health care facility. Children younger than 12 are not allowed into Phoenix Children's Hospital until RSV season is over.

"There is no smallpox in this country at this time and there are many other sources for smallpox information. I understand we will educate the public about it in the future, but it is not our immediate priority," says **Fran London**, MS, RN, a health education specialist at The Emily Center at Phoenix Children's Hospital.

The information sheets available from the CDC are a great resource for education, says Sterk. She has used them to educate herself as well as staff about smallpox and the vaccine to prevent the virus.

The CDC information sheets include the facts that patients need to make an informed decision about the vaccine. These facts might include:

• People who should not get the vaccine

Those who should not receive the vaccine include women who are pregnant or breastfeeding; a child younger than 12 months of age; people who have or have had skin conditions; and those with weakened immune systems such as transplant patients.

• Possible side effects from the vaccine

Mild reactions to the vaccine include a sore arm, fever, and body aches. In the past, between one and two people out of every 1 million vaccinated died. Careful screening of vaccine recipients to identify those who are at increased risk is essential.

• Getting the vaccine after exposure to the virus

Smallpox can be prevented or a case significantly modified if a person who has been exposed is vaccinated within three days of exposure. Smallpox usually is spread from contact with infected persons.

The symptoms of smallpox are high fever,

SOURCES

For additional information about educating the general public about smallpox, contact:

- **Centers for Disease Control and Prevention,** 1600 Clifton Road, Atlanta, GA 30333. Telephone: (404) 639-3311. Web site: www.cdc.gov.
- **Kelly Sterk**, RN, BSN, Infection Control Practitioner, Mercy Medical Center-Clinton, 1410 N. Fourth St., Clinton, Iowa 52732. Telephone: (563) 244-5622. E-mail: Sterkk@mercyhealth.com.

head and body aches, and sometimes vomiting in the early stages. Later, a rash appears that progresses to pus-filled blisters that crust, scab, and fall off after about three weeks.

After exposure, it takes between seven and 17 days for symptoms of smallpox to appear. A person is not contagious during the incubation period. People can be contagious at the onset of fever but are most contagious when the rash appears.

- **Death rate for smallpox**

Death occurs in up to 30% of smallpox cases. Although the majority survives, many smallpox survivors have permanent scars and some are left blind.

Uncovering resources on smallpox to use for staff and consumer education is helpful, says Sterk. "This is still very new to all of us and we are trying to get information together and share it in some concessive, organized manner," she says. ■

Pick plain language for patient pamphlets

Solid organization, writing style yield best results

No matter the literacy level of your population, it is wise to develop criteria for selecting or creating educational materials in plain language.

"Whether people are college educated or not, they want information that is easy to read and accessed very quickly. They don't want to read educational material like it is *Gone With the Wind*, says **Sandra Cornett**, RN, PhD, director at OSU / AHEC (Area Health Education Center) Health Literacy Program, Office of Health Sciences at The Ohio State University in Columbus.

Pamphlets can be written in a way that gets a concept across and makes the instructions understandable for people at all reading levels. It's not cost-effective to create four or five different reading levels of information on one topic because you serve people with varying backgrounds. Patient education managers should try to have one piece of material that would be considered easy to read or plain language that everyone would use, and those individuals that want additional or more in-depth information could be given more materials or directed to the health information center, she says.

"Writers think that if the reading level is low enough, basically they have a good document and that is not true," says Cornett. There are many elements to consider when creating plain-language materials. To make sure that patients will find the pamphlets handed out by nurses and physicians at your health care facility easy to read and understand, include the following criteria in your materials review process:

1. Appearance and appeal

All the design elements, such as the amount of white space, font size, balance of illustrations and text, and use of uppercase and lowercase letters contribute to the appearance and appeal of educational materials.

Titles must be behavior-focused and action-oriented. They should be worded in such a way as to grab the reader and framed from the reader's perspective, says Cornett. Upper and lowercase letters used for the titles as well as the text makes material easier to read. Use 12- to 14-point font size with column widths of two to five inches. A block of text is daunting to a reader, says Cornett.

To emphasize key points, use bold print, boxes, rule lines, different typeface, bullets, and increased print size. Subheads should help readers unfamiliar with the topic navigate the text. The purpose of illustrations or graphics is to help clarify the text.

Writing style counts

2. Writing style

No matter how carefully the elements of design are followed, they won't help if the text is poorly written. The best pamphlets are written in second person, active voice with a conversational tone. Technical jargon is eliminated or explained if it must be included, and difficult concepts are explained with good analogies.

"Lots of times we are trying to explain abstract principles, and people — especially those that have limited reading ability or understanding — can't take abstract principles and

SOURCE

For more information about writing in plain language, contact:

- **Sandra Cornett**, RN, PhD, Director OSU/AHEC Health Literacy Program, Office of Health Sciences, Ohio State University, 218 Meiling Hall, 370 W. Ninth Ave., Columbus, OH 43210-1238. Telephone: (614) 292-0716. E-mail: cornett-1@medctr.osu.edu.

interpret them," says Cornett.

Clarity is enhanced when sentences are simple, no more than 10 words, and words should be kept to one or two syllables whenever possible. Terms should be consistent as well.

3. Organized information

Consumers often look at educational materials differently than health care professionals, says Cornett. What is a logical sequence of information to the professional is not to the consumer. Often, the key message is buried in the fourth or fifth page because the health care professional discussed risk factors, described what is normal before describing what is abnormal, and discussed anatomy and physiology before talking about the specific disease.

The consumer may want to know how the disease will affect his or her life, therefore that question may need to be addressed before details on the disease are covered. The text must be structured and sequenced in such a way that readers get the message very quickly and it is logical to them. The key messages need to be up front, action-oriented, and repeated, says Cornett.

"Before time is spent on developing and writing a pamphlet find out from the reader what they want to know and how they think logically," advises Cornett.

Often when pamphlets are field-tested, they are given to consumers after they are written, but before they are sent to the printers. Instead, the consumer should be approached before the writing process is started to determine what it is they need to know about a topic and the logical sequence of the facts from the perspective of the consumer should be noted as well, says Cornett.

[Editor's note: Cornett recommends a book published by the National Literacy and Health Program, Canadian Public Health Association in Ottawa, Ontario in 1998 — Easy Does It! Plain Language and Clear Verbal Communication Training Manual. *For more information, call (613) 725-3769.]* ■

Understand your audience for more effective copy

Consumer review improves writing skills

Having consumers review new patient education material has greatly improved the writing of health care professionals at the Vancouver Coastal Health Authority in Richmond, British Columbia.

"The way I have set up the review, people who are doing the writing understand how to do the communicating and their writing has improved. The consumers can always tell when it is someone who has never written for us before because of the way it is written," says **Carol Wilson**, RN, an educator with the Education Services of Richmond Health Service Delivery Area of the Vancouver Coastal Health Authority.

All writers bring their pamphlets to a review panel before the final draft is completed. This panel consists of three consumers, a nurse educator and the librarian. The consumers are people from the community, and they sit on the review panel for as long as they want to participate.

Wilson selects panelists through the contacts that she has in the community. Currently, all three consumer panelists are women, but all have children and elderly parents. One is a native and speaks a foreign language fluently. Those who work do it from their home. This makes it possible for them to attend the review sessions, which are scheduled during the day.

The advantage of having a consistent group is that they learn what they are looking for in the review process. Wilson has used focus groups before, but they really don't know how to critique the pamphlet, she says.

"When you have a group of people who have come and looked at over 100 different pamphlets, they now know how to put themselves in the place of the consumer who would be receiving this pamphlet," says Wilson. They look at the language, the order of the information, and whether or not the instructions are logical.

Educators rotate through the position every two years to learn how to write for the consumer. A librarian sits on the panel because he or she usually works with writers from the conception of the piece beginning with the literature search. Also, librarians are knowledgeable about proper English and punctuation and have been taught

SOURCES

For more information about creating a consumer review panel to improve writing among health care professionals, contact:

- **Carol Wilson**, RN, Educator, Education Services, Richmond Health Service Delivery Area, Vancouver Coastal Health Authority, 7000 Westminster Highway, Richmond, BC V6X 1A2, Canada. Telephone: (604) 244-5509, ext. 8. E-mail: Carol_Wilson@RHSS.BC.CA.

plain language, says Wilson.

During the review process, the consumers sit the closest to the presenters and Wilson sits in back so as not to give the impression she is acting as a mediator. The panel then reviews the materials asking questions and making suggestions. The process increases the writer's understanding of how to communicate with consumers, she says.

When an anesthetist brought a pamphlet to the committee about having an epidural during labor, it was written at a 16th-grade level. One consumer explained that she had an epidural when having a baby, but she couldn't understand the material. He then began to explain the process in plain language, and Wilson wrote his comments down. After this encounter, he understood how to write for consumers.

During the review of another pamphlet, a consumer reviewer told a group of nurses that she could not explain the information to her elderly mother because she did not understand. The nurses put down their pens and asked her to tell them how to write the information so that she and her mother would understand.

"That is what I want. I want the professionals to understand how to communicate with their clients easily," says Wilson.

The review panel meets four times each year to review new work. During that time, about three to five projects are reviewed and writers are scheduled to appear before the panel at half-hour intervals.

When this process was first implemented about seven years ago, the review took about an hour for each pamphlet. Now, because most educators have been through the review process, they know how to write for consumers. Wilson rarely gets material written at grade 14 and above anymore.

The consumers who sit on the panel do not go through extensive training. Basically, they are given a set of guidelines for clear and concise copy that they use when looking at a pamphlet. The rest of the training is observation as they sit on their first panel. Also, Wilson spends time with them on a one-to-one basis explaining what is expected of them so that they understand their role. **(To learn about the review process see article, below.)**

Often organizations hire professional writers to create plain language material, but that is a waste of money, says Wilson. "The way I have set the process up here, the people who are doing the writing learn how to communicate," she explains.

The process has been very beneficial. Because written instructions are clear, the health care institution has very few return errors, or clients coming back with problems because they did not understand what it was that they were supposed to do, says Wilson.

Also, pamphlets written in plain English are much easier to translate into another language. When material is written at a high reading level in English, it is too difficult for translators to understand the intent of the message, says Wilson. ■

Consumers on panel learn how to evaluate material

Guidelines, experience make the process successful

The three consumers who sit on the material review panel at the Vancouver Coastal Health Authority in Richmond, British Columbia, are given a set of guidelines that helps them determine if the piece is written clearly. However, most of their skills are developed as they serve on the panel.

Each has learned to assume the role of the intended audience. If the intended audience is parents of young babies, children, teen-agers, the elderly, or adults with a specific disease, those on the review panel put themselves in that mindset, says **Carol Wilson**, RN, an educator with the Education Services of Richmond Health Service Delivery Area of the Vancouver Coastal Health Authority.

"All the consumers on the panel have had health issues themselves so they are able to relate to their past experiences. Also, they all have elderly parents and they all have children. Often they give the pamphlet to someone else in their family to read," says Wilson.

For example, one woman on the panel took a

pamphlet written for teen-agers to her 13-year-old son to see if he understood the material.

If the pamphlet is on a topic that the consumers do not understand, they receive a brief lecture before the review process. For example, before they looked at a pamphlet about ostomy care, a nurse explained what an ostomy was because they did not know, says Wilson.

At the beginning of each session, the review panel is told the audience for the pamphlet and at what grade level it is written. For the general population, institutional policy requires that the material be written between grades four and six.

There must be a clear reason as to why the pamphlet was written. If its purpose isn't clear, the panel asks the writer why they would receive the material.

"They are always asking questions so they will understand the process of the pamphlet. They don't just take the pamphlet at face value; they want to know how it fits in with the care of a patient," says Wilson.

Review of writing style key

The guidelines the panel uses in the review process prompts them to determine if the information is clear, concise, and makes sense. They also must consider if the words are easy to understand.

The panel keeps lists of standard statements so pamphlets are consistent. For example, drug store is the common term rather than pharmacy, and wound care is used instead of incision care. Also a template of plain language used to describe certain topics, such as pain, is kept so authors aren't rewriting all the time. "We hang onto things we spent a lot of time on to get it into a plain-language perspective," says Wilson.

Although the panel does not go through each sentence looking for words that have too many syllables, they are aware of the fact that words with three or more syllables are more difficult to understand. Often they flag the word and suggest a term that might be more familiar to the average consumer.

They also look for abbreviations for standard medical procedures that have not first been spelled out. For example, IV is often used rather than intravenous. The panel makes sure that all technical words have been defined as well.

"We often talk about a sentence expressing only one idea so they are sensitive to that and check to see if the author is trying to say too many things in one sentence," says Wilson. For example, when reviewing a pamphlet that had instructions on exercises the patient was to do, the panel pictured themselves doing the exercises based on the information, and most of the sentences were changed to about three words to make it very clear.

Sometimes panel members suggest a graphic or picture to help clarify a point. The health care institution tries to make its pamphlets interactive so if there is a picture of a body part, the doctor can draw on it when explaining surgery, she says.

The review process is a dialogue between the author and the panel so writers understand why a change has been suggested. "It is a consensus. The writer may need to have the information in the pamphlet," says Wilson. However, many times the information is not necessary. For example, medical professionals like to quote statistics, which are generally meaningless to consumers. The consumer panel asks that they use descriptions such as rare, very rare, and most of the time, instead of statistics.

The consumers are paid a $50 honorarium each time they sit on the review panel, which is about four times a year. One has been a panel member for seven years, which is how long the consumer review process has existed. The second has sat on the panel for five years, and the third panelist has been active for more than a year.

The panel has developed its knowledge over the years, yet they are still consumers, says Wilson. "I see them at a little higher level than a focus group because they know what their job is, but at the same time they are still consumers," she says. ■

To save time, make your inventory computer-based

Track titles, stock, and reordering via e-mail prompt

In July 2002, a new inventory system for patient education brochures was implemented at the Huntsman Cancer Institute in Salt Lake City that saves a great deal of time.

Before the computer tracking system was installed, staff had to go to several areas of the institute where brochures were stored and count the inventory each month to determine how many were in stock and how many had been mailed out.

Now the new system sends e-mail to certain employees in the Patient and Public Education Department at the Huntsman Cancer Institute when the inventory of any one of the more than 300 brochures in stock reaches a certain pre-specified count and needs to be reordered.

"The report that is sent lists the title of the brochure, the quantity on hand and where to order the brochure," says **Melissa Dow**, manager of Huntsman Cancer information service.

Dow receives the e-mail along with the manager of the learning center and the secretary of the patient and public education department. The managers follow up with the secretary to make sure the brochure is ordered.

The date the order is sent is entered into the tracking system as well as the date the order was received. In that way Dow will know how long it takes to receive brochures from each cancer organization the education department uses, such as the American Cancer Society based in Atlanta.

"If we can't get a brochure for several months, then we may want to look at that brochure and decide whether or not we want to keep it. The tracking system helps us know which brochures are the most appropriate and easy to get," she says.

The inventory tracking program also helps determine which brochures are the most popular because it is linked to all the cancer information programs at the institute. These include the Huntsman on-line patient education database, a web site where people can get cancer information, and the cancer inquiry database where people can phone or e-mail for information on specific types of cancer.

Staff record materials that are distributed at other areas of the institute as well such as the patient care center, inpatient unit, radiation oncology, the learning center, and those given out during outreach events.

"We wanted to be able to track what brochures people are accessing on-line through our web site and also what materials we are sending out," says Dow.

When the system has been up and running for one year, the staff in the patient education department will review all the brochures that are in the inventory system to determine if some are not being used. Those that have never been sent out will be removed from the inventory.

SOURCE

For more information about using a computer system to track inventory, contact:

- **Melissa Dow**, Manager, Huntsman Cancer Information Service, Huntsman Cancer Institute, 2000 Circle of Hope, Salt Lake City, UT 84112. Telephone: (801) 585-7236. E-mail: Melissa.dow@hci.utah.edu. Web site: www.huntsmancancer.org.

Lots of work up front

Although there are many benefits to the tracking system, the patient and public education department had to do a considerable amount of work to aid the informatics department in getting it up and running. Information on each brochure had to be entered manually into the system. This included the title of the brochure, vendor information, its location, stock quantity, and a specified "low level" that would trigger an e-mail.

"It was a lot of work up front, but it's nice having the system in place. Now we must make sure we are keeping up with orders and the low quantity we set is adequate," says Dow.

One of the main reasons for implementing the tracking system was to meet the needs of the new hospital that is being built next to Huntsman Cancer Institute. "We wanted to get this system in place because we thought that our department would probably be the source for distributing brochures throughout the new hospital," says Dow.

The plan is to have an area on the web site for designated nurses or the managers of each department to enter brochure orders. The order would be sent to the patient and public education department to be filled. The information on each order would be recorded by the tracking system. ■

COMING IN FUTURE MONTHS

- Using orientation to increase teaching competency of new hires
- Assessing for gaps in teaching materials
- Educational efforts that address depression in seniors
- Teaching techniques to improve patient understanding
- Keeping patient education a priority at the administrative level

NEWS BRIEF

April is counseling awareness month

Many people would benefit from counseling, but often they do not know when counseling is appropriate, how to find a suitable counselor, or the benefits of working with a trained professional.

To help the general public learn more about counseling and its benefits, the Alexandria, VA-based American Counseling Association has designated April as Counseling Awareness Month. The association has created several activities to help get the word out that patient education managers might find useful at their health care facility.

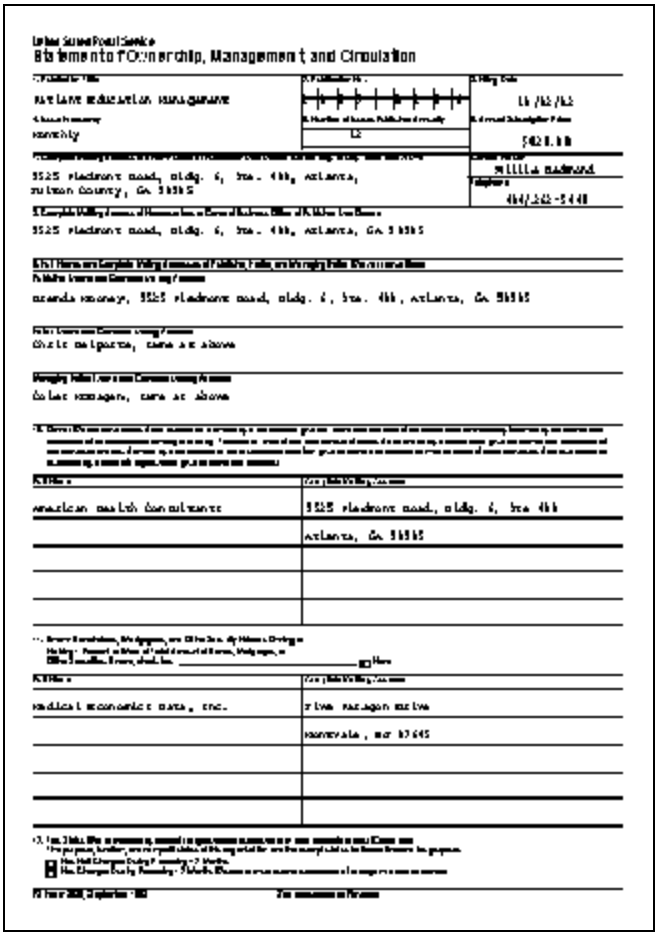
Some counseling tips

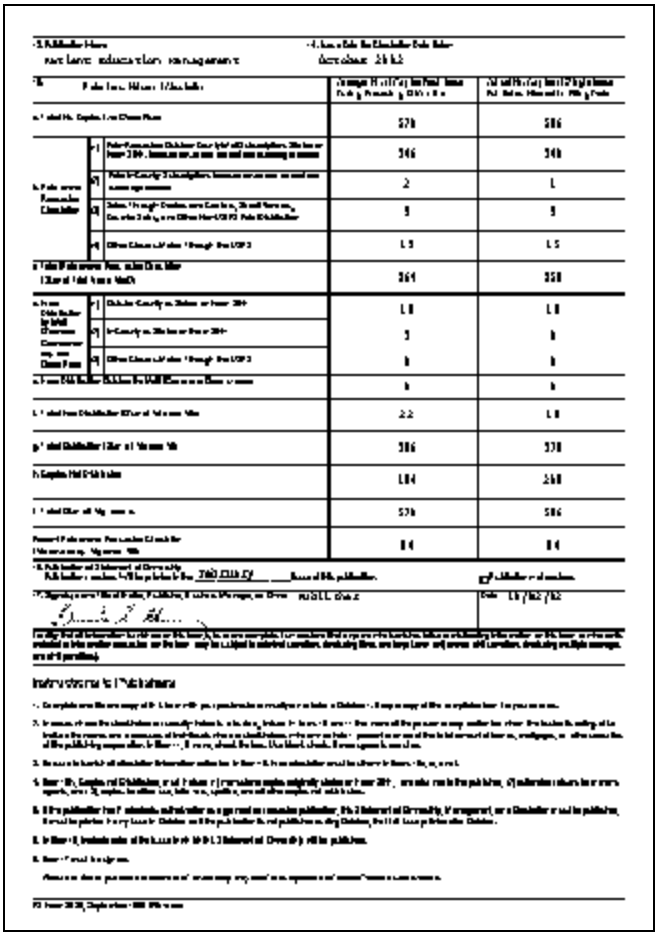
• **Provide a brown-bag lunch seminar at the local library, a nearby factory, or a place of business.** Make arrangements ahead of time to ensure access to the most people and have a professional counselor from your health care facility conduct a brief 45-minute presentation. Topics might include stress management, parenting skills, or dealing with depression.

• **Develop a brochure or web site that explains what professional counselors do.** Consider including information on counselor training, credentials, code of ethics, and professional standards. Articulate the differences between counselors and other mental health professionals. Include information on how to find a counselor and when to use one.

• **Look around your town to see who would benefit from professional counseling services.** Are there people around you who are under- or ill-served by existing community resources? Determine a way to help serve this population.

For more information about Counseling Awareness Month, contact: American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304-3300. Telephone: (800) 347-6647 or (703) 823-9800. Web site: www.counseling.org. ■


Statement of Ownership, Management and Circulation



CE Questions

5. Which of the following techniques help to incorporate teaching into patient care?
A. Make education part of end-of-shift report.
B. Set aside a 30-minute block to teach.
C. Go through list of learning assessment questions before teaching.
D. All of the above

6. Written materials that are easy for consumers to read and understand include which of the following elements?
A. Font size at 12-14 points
B. Short sentences, no more than 10 words
C. Key message stated first
D. All of the above

7. Consumer review panels can help health care professionals create clear, understandable text in which of the following ways?
A. Pointing out technical jargon
B. Clarifying the reason for the pamphlet
C. Offering advice on medical content
D. A & B

8. When children are exposed to a traumatic experience, adults should act as if nothing happened. In that way the children won't be reminded of the incident and quickly get over it.
A. True
B. False

Answers: 5. A; 6. D; 7. D; 8. B.

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

To help children cope with disaster, address fears

Answer questions through crafts and playtime

Every day, children across America are impacted by traumatic experiences. Sometimes it is a natural disaster such as a hurricane, and other times it is the death of a classmate. Events such as the terrorist attack on the World Trade Center in New York City had an effect on almost every child in the country as their family watched events unfold on television.

With traumatic events so prevalent, it is important for parents to learn what they need to do to help their children cope when disaster strikes.

During the aftermath of Hurricane Andrew in Florida, **Beth White**, CCLS, child life coordinator at Children's Healthcare of Atlanta, learned that adults need to sit down and find out what is frightening their children. They need to determine what questions each child has so they can provide answers.

When children worry about their safety, parents can go over the steps that are being taken to keep them safe. It also helps to let the child participate by giving them something concrete to do. For example to prepare for a hurricane, families gather supplies such as canned foods, extra batteries, and bottled water.

Parents should tell children that these traumatic events are not normal and they don't happen every day, but steps are being taken to make sure they are safe, says White. **(For an example of a good teaching sheet for parents, see special insert in this issue.)**

If parents are feeling anxious and fearful following a disaster they need to talk with other adults and parents to address their needs so that they are able to help their child. There is nothing wrong with crying in front of children, but they need to know that they are not the cause for the grief, says White. Children might suppress their feelings, fearful that if they talk about the incident, they will make Mom and Dad more upset.

"It is important that parents and caregivers let their children know that their feelings are normal, and one of the ways they can do that is by finding out what their children are feeling," says White.

Small children often express themselves through play; therefore, adults can observe playtime to see if children are including the disaster in their play.

When adults don't take the time to seek out those opportunities to discuss traumatic experiences, children might repress their feelings. Regressive behavior that naturally occurs for a short period of time, such as thumb sucking, might be prolonged as a result.

"If adults don't talk to a child, a child's misconceptions can be worse than what reality is," says White. A child has little experience and limited knowledge to assess the situation on his or her own. An adult can provide children an opportunity to process the information so they understand what happened and what they can do to be safe or feel better, she says.

EXECUTIVE SUMMARY

This issue of *Focus on Pediatrics* is devoted to educational strategies for helping children cope with disaster. It is a timely topic in an era when violence is prevalent and government organizations prepare for terrorist activities. Parents and other adults who work with children need to learn the signs and symptoms of emotional harm from a traumatic episode and strategies for helping children recover.

Not all talk without action

In addition to providing opportunities for discussion, parents can initiate arts and crafts activities that help children express their fears and feelings about an incident. For example, children can make a safety shield that is divided into four sections. On one section, write, "Things that make me safe"; on the second section, write, "Things that make me scared"; on the third section, write, "Things that make me happy"; and on the fourth section, write, "These are the questions I have." The children can fill in each section.

SOURCE

For more information about helping children cope following a traumatic incident, contact:

- **Beth White**, CCLS, Child Life Coordinator, Children's Healthcare of Atlanta. Telephone: (404) 315-2458. E-mail: beth.white@choa.org.

The shield is a great way for children to process what they are feeling and for adults to assess what they need to talk about, says White.

Another good craft is a feelings garden, which consists of flowers made out of Popsicle sticks. The children glue the sticks together to form petals and in the middle write something what scares them. On the petals they write things they do when they feel scared.

Older children liked creating the American flag after 9/11, says White. On the stripes they wrote the story of what had occurred on that date and on the stars they wrote something they wished. For example, one teen wrote, "I wish planes didn't fly into buildings."

"The flag gave them a chance to see that they were not the only one feeling that way. Their brother or friend had the same feelings and they were normal," says White.

Sometimes the steps parents take to help their children cope do not work effectively. They find that the reactions to the incident that were normal in the beginning have become prolonged.

For example, while it is normal for a child not to want to return to school the first couple days or even a couple weeks after a disaster, if a child still is uncomfortable going to school after that time period parents should consider seeking professional counseling. **(To learn age-specific reactions to trauma, see article below.)** ■

Children usually react in age-appropriate ways

Teach parents signs and symptoms

According to the National Institute of Mental Health (NIMH) based in Bethesda, MD, children react to a traumatic event in age appropriate ways. Therefore, it is important to teach parents what signs and symptoms to expect following a traumatic event based on the age of their child.

- **Children ages 0-5**

Typical reactions might include a fear of being separated from the parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions and excessive clinging.

Children may regress to behaviors exhibited at an earlier age such as bed-wetting, thumb sucking, and being afraid of the dark. According to the NIMH, children in this age category can be strongly affected by the parents' reactions to the traumatic event.

- **Children ages 6-11**

Children in this age category may become extremely withdrawn, exhibit disruptive behavior, and/or lose their ability to pay attention. According to the NIMH, regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, outbursts of anger and fighting are common when children this age are traumatized.

Complaints about ailments that have no medical basis such as stomachaches also are common. Schoolwork can suffer, and the child may become depressed, anxious, and experience feelings of guilt and emotional numbing.

- **Adolescents ages 12-17**

In this age group, responses to trauma are similar to those experienced by an adult. They may include flashbacks, nightmares, emotional numbing, avoidance of any reminders of the event, depression, substance abuse, problems with peers, and antisocial behavior.

Other common signs of trauma according to the NIMH are withdrawal and isolation, physical complaints, suicidal thoughts, school avoidance, academic decline, sleep disturbances, and confusion. Adolescents may feel guilt over their inability to have prevented injury or loss of life, which interferes with their recovery. Fantasies of revenge also inhibit recovery.

According to the NIMH, the more directly involved in the traumatic situation a child is, the more likely he or she will experience emotional stress. ■

SOURCE

For more information, contact:

- **National Institute of Mental Health**, Information Resources and Inquiries Branch, 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892-9663. Phone: (301) 443-4513. E-mail: nimhinfo@nih.gov. Web site: www.nimh.nih.gov.