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INSIDE

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You are what you think: Optimism may affect health as much as diet, exercise

Enhance healing by providing tools that improve the emotional state

Your presurgery instructions probably don't include a booklet on breathing techniques a patient might use to relax before surgery or a videotape on relaxation exercises such as guided imagery. Yet experts on the mind/body connection say it would be a good idea to include such information.

Although there is a need for more research in this area, a person's attitude can make a difference in his or her recovery and overall health status, says **Sharon Stout-Shaffer**, RN, MS, a doctoral candidate at The Ohio State University in Columbus and an expert on relaxation therapy with certification in guided imagery. "If people believe they are going to do well, they are more likely to do well. If people believe they are going to be able to manage their pain, they will do better," she explains.

The emotional states created through music, imagery, massage, and various other forms of relaxation techniques provide the energy for healing. "Feelings are physiological. Using various forms of relaxation helps people get in touch with deep feelings. When feelings are positive, people can allow them in, and when feelings are hurtful, they can begin to release them. That is the key to healing," says Stout-Shaffer.

Making the mind/body connection in patient education

Although patient education tends to focus on physical issues of healing, people do best when the whole person is addressed. In the last article of a two-part series on holistic teaching — a form of education that includes the mind and spirit as well as the body — we focus on the mind and how it influences a patient's ability to heal. Last month, our focus was on the spiritual aspect of healing. ■

A person's belief system plays a large role in the state of their health. Eating well, getting plenty of rest, and exercising are only part of maintaining good health. Positive mental thinking and relaxation also should be parts of a positive mental health strategy, says Stout-Shaffer.

When creating educational programs, patient education managers should attempt to incorporate the whole person, which includes the mind and spirit as well as the body, says **Barry Bittman**, MD, chief executive officer for the Mind Body Wellness Center in Meadville, PA, and host of the public radio show *Mind-Body Matters*. "The only approach that really makes sense is a mind / body approach because it is the most logical way to maintain our health in the first place," he says.

Thoughts turn into chemistry

The mind / body connection is the relationship between a person's thoughts, beliefs, attitudes, and the person's nervous system, endocrine system, and immune system. What a person thinks and believes turns into the chemistry, the biology, and the immunity of his or her body, explains Bittman.

"In a similar vein, when the body is stressed in the form of an accident, injury, development of an infection or tumor, the mind is also affected in that there are direct chemical messengers that communicate between the body and the central nervous system," says Bittman.

Many complementary therapies are referred to as mind / body interventions. For example, Tai Chi and yoga have a solid exercise foundation, yet both develop an awareness, a sense of mental balance, a calm and inner peace that goes hand in hand with the exercise component.

There are also therapies that focus on using a mental or emotional component to produce a specific biology that promotes a sense of relaxation and increases the potential for either maintaining or regaining a healthy life, says Bittman. These include such therapies as guided imagery and meditation.

Incorporating the whole person in a health care strategy does not mean abandoning the traditional approach to medicine. "I don't believe that alternative medicine is any more logical than the traditional approach. They should be integrated using a knowledge base established in traditional medicine," says Bittman. For example, if a battered woman is taught yoga, Tai Chi, and meditation, she is still a battered woman who has simply learned these complementary forms of therapy.

A better approach is to give counseling to help the woman deal with the underlying issues that are causing the problem while at the same time giving her tools to improve her current outlook.

"When you integrate strategies to augment meaning and purpose, help the person establish control, or make healthy choices, you are then accomplishing something which can improve the quality of a person's life and perhaps their longevity or survival," says Bittman.

Any treatment involving lifestyle change must achieve patient compliance. Offering only one method is not the best way to get a patient to make changes. In a mind / body model, patients are given options so they can choose what works for them.

"If you give a person one tool to go out and fix your parking lot, chances are it won't get done, but if you give them a tool box full of instruments and teach them how to use them, it is likely they will find the correct instrument to use for the specific purpose," explains Bittman.

Choice is important, agrees Stout-Shaffer. Just as some people like to bicycle while others like to walk, not all therapies that make the mind / body connection are suitable for everyone. "People respond at different times to different things. It may be massage at one time and imagery at another. They may have different needs at different points in time," she says.

Compliance also increases if you give patients a chance to build on their knowledge. "A good educational program has checks and balances, so that rather than providing a single session or a group of sessions, the educational program has some sort of follow-up, reunion, or ability for people to come back and to continue to build on their strengths and acquire new skills so they can make lifestyle changes that are lasting and meaningful," says Bittman. ■

SOURCES

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March to the tune of a different drummer

Music therapy can be adapted to a variety of issues

When a young man with Parkinson's disease could no longer take walks in his neighborhood because he would freeze up at major intersections and not be able to cross the street, music therapy gave him back his freedom. He was given tapes of music with a strong rhythmic beat that he would listen to as he approached a street corner. The music would cue the body, and he no longer froze.

"Many times in Parkinson's disease, the person loses his or her ability to initiate movement. What we found in music therapy is that a certain rhythmic pattern can actually induce movement and maintain that movement at a steady pace, the pace of the rhythm itself for as long as the rhythm is playing," explains **Connie Tomaino**, DA, MT-BC, director of the department of music therapy at the Institute for Music and Neurologic Functions at Beth Abraham Health Services in New York City.

Patients with memory deficits, depression, balance and gait problems, fine motor skill problems, and acute or chronic pain also benefit from music therapy at the institute. When a patient is not motivated in his or her therapy, the patient is referred to a music therapist in an effort to boost motivation and help the patient pay attention long enough to benefit from other therapies, says Tomaino.

To make sure staff are making the appropriate referrals, the music therapy department frequently conducts inservices to explain what music therapy is and what types of people

Not all sounds the same

Clients improvise, recreate, and compose

Music therapists use many different modalities to create a music experience that will promote health. However, there are four major categories of music therapy, according to **Brian Abrams**, MMT, MT-BC, director of music therapy at the University of Pennsylvania Cancer Center in Philadelphia. These include:

- **Improvisatory music therapy.**

This involves creating music spontaneously without any previous structure, either alone or in a group with or without the therapist's involvement. This can be accomplished with voice or instruments.

"The idea is that you use the improvised sound and the process of creating it to work through specific issues that the sound can represent metaphorically or that the sound has some direct impact on," explains Abrams.

For example, if a person has a headache, the improvisation might be music that feels like it is soothing the headache. Or perhaps there are family issues a person needs to resolve. In this case, the individual or group would improvise sound or music that depicts the members of the person's family. Through this sound, the person begins to work through family issues that need to be resolved.

- **Recreative music therapy.**

During this therapy, the client reproduces either all or part of an existing musical model such as a song or instrumental piece. The goal here is to see how close a client can come to the existing structure. The struggles the client has in trying to play the piece is the therapeutic process. The therapist and client would look at the parts that are challenging and examine why that is so, as well as looking at the parts that are easy.

- **Composition music therapy.**

Composition is recording the music either in writing or on tape and creating a structure that others can recreate. This process presents many challenges and allows the client to set specific goals.

- **Receptive music therapy.**

With this therapy, people simply take in musical sound in some form. For example, vibro-acoustics is a field where the person feels the music and it has properties that might effect the body in certain ways or bring up certain issues.

A highly specialized form of receptive music therapy is called guided imagery in music. "It is simply taking in the sound of classical music and allowing imagery or various inner experiences to be evoked spontaneously through the music and then to explore those as a source of the therapeutic process," explains Abrams. ■

Book cart gets the boot!

Tape library offers selections for all tastes

The traditional book cart that volunteers take from room to room in hospitals has been replaced with an audio tape cart at Immanuel St. Joseph's Mayo Health System in Mankato, MN. Instead of the latest novel, patients select from a variety of tapes. To listen to their selection, each patient receives a headset and a tape player in a canvas bag with handles that can be attached to the bed rail. The volunteers track the tapes on a sign-out sheet that is kept with the cart.

"Our goal is to give people a diversion that takes the edge off their pain. There is a huge body of evidence to indicate that when people are enjoying what they are listening to, their endorphins are doing a lot of healing," says **Laura Rydholm**, RN, MS, health ministries facilitator at the health system.

Rydholm helped initiate the creation of a tape library by conducting a pilot study on the effect of music on a patient's recovery. Patients scheduled for knee replacement surgery were invited to participate in the study when they arrived for preoperative teaching, and about 20 volunteered.

One group was allowed to select music, and the other listened to tapes that were provided. Rydholm discovered that the patients who listened to the tapes of their choice during the recovery process required less pain medication, were flexing their operative knee better, were walking further distances by their fourth postoperative day, and had a shorter length of stay than the patients who did not select their own music.

To build the tape library, Rydholm initially solicited donations from staff members, but the selection was not quite right for patients. She then asked administration for funding and received $500 to purchase tapes. A good portion of the selection was purchased at a Christian music store because Rydholm observed that many people liked instrumental hymns. "We are in a fairly rural Minnesota area, and people like to listen to hymns. We figured they would be beneficial for someone who wasn't a Christian because there are no words," she explains.

It's not just surgery patients who benefit from the tape library, however. Music can help relax most patients and reduce stress and is therefore beneficial to people with cardiac problems, respiratory problems, hypertension, and diabetes. "Music will help a person have a more positive hospital experience. At the very least, it is a diversion. There seems to be sensory overload, whether it's a squeaking wheelchair or a beeping IV pump. When people put that headset on, all those noises are obliterated," says Rydholm. ■

might benefit from it. **(For information on how to include children in music therapy, see article on p. 65.)**

Music therapy can complement the traditional medical model, says **Brian Abrams**, MMT, MT-BC, director of music therapy at the University of Pennsylvania Cancer Center in Philadelphia. "If a patient is given a pain killer, the music therapist might focus their work on enhancing the effects of that pain killer by doing things in music that help to soothe or help to focus on the pain relief centers of the body or to help calm or relax," explains Abrams. **(For information on providing tapes to relax patients, see article above.)**

While the medical model usually does not address the subjective level, music therapy is used to round out the whole person by looking at the inner self. It is not a cause-and-effect model, but takes into account who the person is — their identity. "I find that my role as a music therapist and the role of creative arts in general is very powerful in this area," says Abrams.

Music therapy usually can reach people whom other therapies cannot reach. For example, it works well with autistic children who have trouble with human contact. Their first connection is with the music and in exploring the sounds. Then they come to the realization that someone is producing that music, and the human relationship starts. A therapist working verbally, however, might unintentionally create a situation an autistic child would find threatening, says Tomaino.

Patients within a medical setting are not the only ones who might benefit from music therapy. Artists or musicians with a creative block often find it helpful. Through improvisation and role

playing through music, they often overcome their block. People who can't find the words to express their feelings will benefit from music therapy, as will those whose feelings are so deep it is hard to explore them. "People often go to a music therapist to find a new aspect of themselves or a new part of their personality or skill they may have," explains Tomaino.

Those who go on their own, however, need to learn how to select a qualified music therapist, experts caution. Abrams recommends looking for a therapist who is board-certified. A board-certified music therapist must complete undergraduate course work, a full course of field work, and a six-month full-time internship in an approved music therapy setting, as well as passing the board certification exam.

Certification also requires that the music therapist have certain basic competencies in keyboard, guitar, and voice, as well as music theory and the different genres of music. Based on the patient group he or she works with, the music can be even more specified. For example, therapists working with children would specialize more in improvisation skills.

"Music therapy is different from putting on a tape and feeling better. There is a whole process that takes place that is based on assessment and the music therapist's training. The music therapist must gain an understanding of human functioning and then use that with their understanding of music to enhance the functioning," says Tomaino. ■

No adults here: Music works for kids, too

Children benefit too when methods are adapted

Music therapy can be used effectively with children if it is adapted appropriately, says **Joanne Loewy**, DA, MT-BC, music therapy consultant at Children's Hospital of Philadelphia and coordinator of music therapy at Beth Israel Medical Center in New York City. "The work is more symbolic and metaphoric. If you were working with a child who is dying and they brought a Humpty Dumpty, you would work through the symbols of the song rather than talking directly about death," explains Loewy. Parents often are included in music therapy sessions too, because the child's ego isn't fully developed yet.

The graduate school Loewy attended focused on music psychotherapy that employs a mind/body approach. Therefore, when she works with children, she is not only focusing on the child's mind and spirit and how he or she is coping, but also on determining how the coping skills or lack of skills interact with the body.

Combining music with imagery

For example, with asthma patients, live music is entrained to the breath rate of the patient and used to slow it down and provide a relaxation experience. The music also is combined with imagery. The child might be told to imagine going to a favorite place, and then after a mini-assessment for breath rate, the appropriate music would be selected. The live music could be guitar, piano, drum, or even a violin. "The instrument you choose doesn't matter as much as providing

SOURCES

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For more information on including children in music therapy programs, contact:
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For more information on creating a tape library, contact:
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a time to assess the breath rate and match it, then slow it down," says Loewy. The musicians in these cases are always music therapists.

Loewy currently is doing a study of the effects of music therapy on children with asthma. In the study, the children's lung capacity is evaluated with a spirometer, which provides the most accurate reading of lung volume available. The control group then rests for half an hour while the music therapy group receives therapy through imagery, live music, and relaxation, followed by inquiry into each child's choice of imagery. The child then blows on a wind instrument to slow his or her breathing down.

"What we hope to achieve in day-to-day sessions is to have the child empowered to gain control of their body. That happens through talking about music, working within the music, and through playing a wind instrument where they learn to breathe correctly," says Loewy.

Music therapy also can be used to sedate babies and toddlers before medical tests. Chanting will not only relax young children, it often puts them to sleep, says Loewy. ■

Survival skills! No discharge without them

Hospitals decide what every diabetic needs to know

About 10 years ago, nurses at York (PA) Health System would contact diabetes educators when a patient needed teaching. Today educators have moved to the outpatient area and set up formal classes. This trend is common in health care today, says **Donette Lasher**, MAT, patient education coordinator for the health care system.

When the educators left, the inpatient floor nurses were supposed to teach patients survival skills if they were admitted to the hospital for diabetes and refer them to the outpatient program. A formal policy was written and pamphlets stocked on each unit, yet many of the nurses felt they lacked expertise or they just didn't have the time.

"It takes about an hour to go over some of the information," explains Lasher. As a result, patients on the inpatient side weren't being referred to the outpatient area. All the referrals were coming from the endocrinologists at clinics.

A committee was formed last summer to examine the problem. The committee decided someone needed to be accountable for inpatient diabetes education. The committee of physicians, dietitians, diabetes educators, and nurses considered training nurses or hiring an inpatient diabetes educator.

Lasher called other hospitals to inquire about their inpatient education for diabetes, tracked the teaching history at York Health System, and had the nurses ask their clinical directors for suggestions. The consensus was that an inpatient diabetes educator would be the best solution, and money was allocated to fill the position.

Are patients falling through the cracks?

Many health care facilities today are reviewing their policy for inpatient diabetes education to correct problems. "The major problem is letting people fall through the cracks," says **Nancy Moline**, RN, MEd, CDE, regional diabetes care management program coordinator for Kaiser Northern California Region in Oakland. "The connection between inpatient and outpatient is really difficult sometimes. You don't necessarily catch everyone."

A second problem is providing consistent information. Different health care workers sometimes give patients contradictory information, says Moline.

Various health care institutions are implementing solutions to these problems in a number of ways. At Kaiser, a tool kit for diabetes teaching is stocked on each floor. "I started by inservicing the nurses about diabetes and then decided they needed some kind of a tool kit so they would have everything they need at their fingertips," says Moline.

The tool kit contains all the information needed to teach patients about Type I or Type II diabetes. The kit is built around a starter kit produced by a drug company with the basic tools a newly diagnosed diabetic needs, such as a syringe for insulin.

Additional materials, such as pamphlets and videos, were inserted to tailor the kit to the teaching policies outlined by Kaiser. A teaching sheet explains what the nurses are supposed to teach and the order in which it should be taught. For example, it lists which videos for newly diagnosed

It's in place, but is it effective?

Methods for evaluation set in advance

Part of the planning stage for the inpatient diabetes program at York Health System is to build an evaluation system into the program to make sure the teaching is effective. "We have been working on how to evaluate the program to ensure its success," says **Donette Lasher**, MAT, patient education coordinator at York (PA) Health System.

Their first step was to set up five goals that encompass all areas of the program. Once goals were set, patient educators determined ways to measure them. The goals and methods for evaluation include:

1. 100% of all hospitalized diabetics receive at least a minimal intervention. This is accomplished by giving them a short quiz to assess their knowledge of diabetes. Chart audits will determine whether or not the goal is being accomplished.

2. 100% of all noncompliant or new diabetics are seen by the inpatient diabetes educator. Chart audits will reveal if nurses are contacting the educator.

3. 100% of all patients seen by the diabetes educator are referred to the outpatient program. Referrals to the outpatient area will be tracked to ensure that all appropriate patients are referred.

4. Patient satisfaction with diabetes teaching is improved. A survey will be created to measure patient satisfaction.

5. Patient's knowledge of survival skills is improved. Currently, not much teaching takes place because floor nurses lack the time and expertise to teach. The patient satisfaction survey will include questions to measure patient knowledge as well.

The committee developing the goals and methods of evaluation hasn't yet determined how the survey will be administered. "Sometimes it is easier to mail or call the patients than have them fill it out before they leave the hospital. We might have the diabetes educator call them," says Lasher. ■

diabetics should be shown first, second, or third. The tool kit and teaching checklist provide a guideline of what survival skills are needed by newly diagnosed patients.

There is also a quick assessment tool nurses give patients. It's a simple quiz in which patients check "yes" or "no" answers for several questions. "The assessment tool gives nurses an idea of how to target the patient's education," says Moline.

Teaching is slightly different at Baptist Health System in Miami. Anyone with diabetes who is admitted to the hospital is given an identification bracelet to wear that reads "diabetes precaution." Diabetes patients wear the bracelet regardless of the diagnosis for which they are admitted to the hospital, explains **Lois Exelbert**, RN, MS, CDE, administrative director for the Diabetes Care Center at Baptist Hospital.

In addition to the bracelet, special posters are hung in the patient's room reminding nurses what information is important to teach the patient. A reminder for the physician to order diabetes education is placed in the chart.

"As soon as we get an order from the physician for diabetes education, our team goes out," says Exelbert. The team consists of a nurse and dietitian from the outpatient area who are both certified in diabetes education. Because many of the patients are so sick during their hospital stay, they are simply taught survival skills that consist of giving insulin when appropriate, testing for blood glucose levels, and following a basic meal

SOURCES

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plan. The teaching is ordered for newly diagnosed diabetes patients or those struggling to control their disease.

Although the program at York Health System is not yet complete, an assessment tool is in the process of being created. This tool is a combination of a tool found at another hospital and one produced by the American Diabetes Association.

Focus groups consisting of patients who have been discharged from York also are being used to help design the curriculum and review materials such as videos and pamphlets. The patients are asked what their priorities were as inpatients and what they needed to know when they were discharged. A way to evaluate the effectiveness of the teaching also is being built into the program. **(For more information on the evaluation methods, see article on p. 67.)**

While an inpatient teaching plan is important to ensure that patients are taught survival skills and referred to the outpatient program, nurses must be continually reminded during inservices to make sure the teaching gets done, says Moline. ■

Reader Questions

Creating material approval and review process

Flowcharts keep information on track

Question: "How do you monitor the quality of health information being disseminated to patients? Do you have a process in place for reviewing patient education materials from purveyors, publishers, and those created in-house? How do you track material that has already been approved and keep it up to date?"

Answer: To help ensure that the quality of all materials created in-house remains high, a few educators have been assigned to work with staff on patient education projects at Sacred Heart Medical Center in Spokane, WA. Before any work on the material begins, an educator meets with the staff member to go over a design interview questionnaire. The initial assessment ensures the material is on track. "We do this because we want to be consistent in our approach in order to make sure the quality of our materials is maintained," says **Julie Baker**, RNC, BSN, MN, an educator at Sacred Heart.

A flowchart outlines the process for creating patient education materials. Once a staff member identifies a need, he or she meets with the department manager to gain approval to proceed. If approval is granted, a meeting with educational services is scheduled so staff and the educator can go through the questionnaire to examine the need more closely. **(See the flowchart on p. 69 and the questionnaire, inserted in this issue.)**

To help the material take form, the staff member is asked such questions as the purpose for the material being developed, how the need was determined, whether similar materials are available, who the target audience is, and how the effectiveness of the material will be evaluated.

Once the questionnaire is completed, the staff member is given a copy of the flowchart so he or she knows exactly what to expect when designing the print material. For example, part of the process is that the copy must be reviewed by several experts to ensure the content is medically correct and that it meets patient education standards.

At the time of the interview, the staff member also receives guidelines to help in the writing process. Writing tips in the booklet include keeping copy at a sixth-grade reading level, focusing on the need to know information, avoiding medical jargon, and keeping sentences short and simple. "We want them to keep their reader in mind as they are writing and provide them with a variety of samples if they need them," says Baker.

The process for creating in-house material at Sacred Heart is promoted to staff as a service rather than a requirement. Staff know the educators are there to assist them with their project and to help them through the creation process as efficiently as possible.

Provide sheet for content experts

At Egleston-Scottish Rite Children's Health Care System in Atlanta, the review process not only covers in-house materials but those obtained from vendors and publishers as well, says **Kathy Ordelt**, RN, CRRN, CPN, patient and family education coordinator. Each piece given to patients must meet certain criteria before it is distributed to the units. To ensure it does, a sheet was created for members of the patient education committee

(Continued on page 70)

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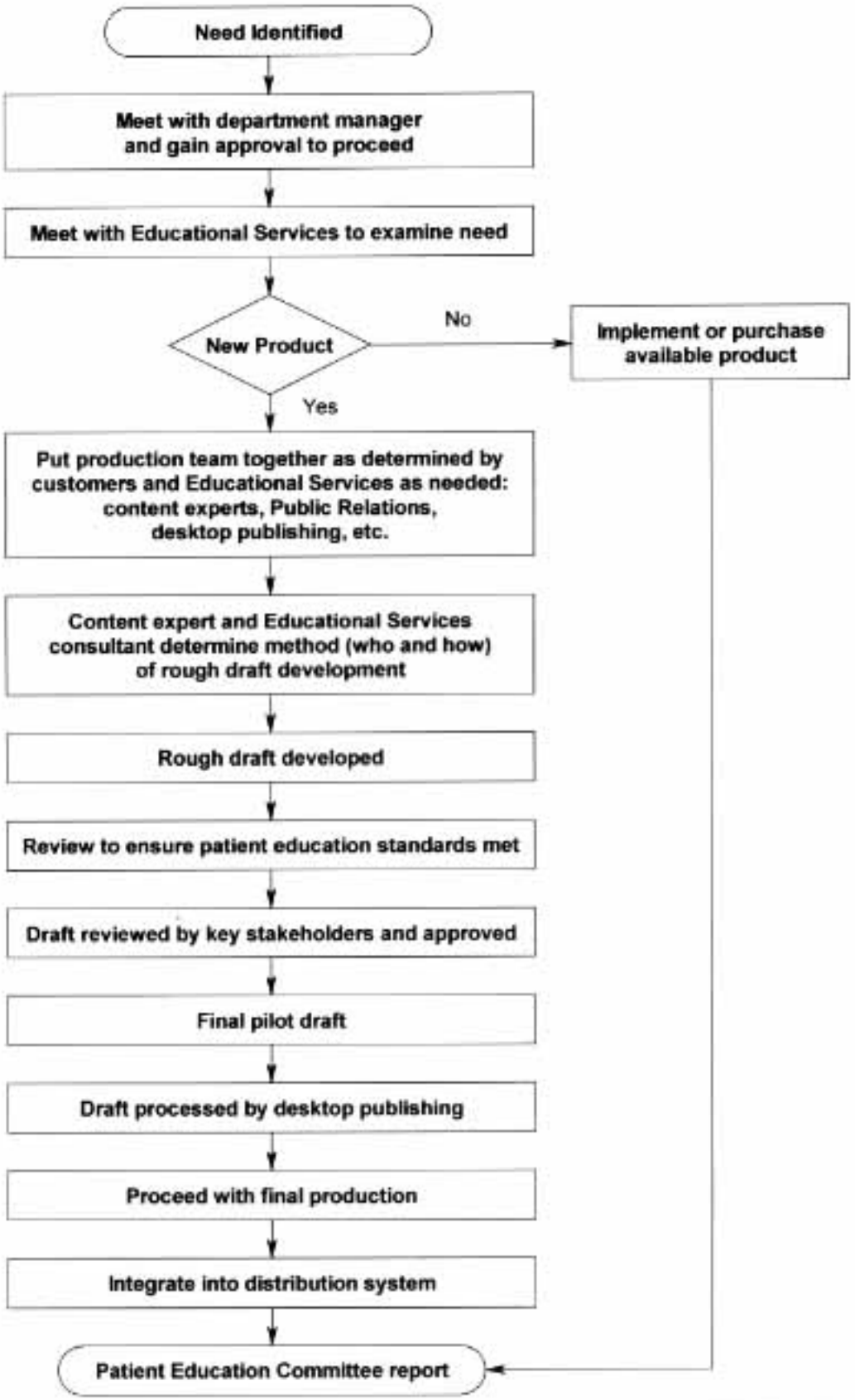
Production Flow Chart for Patient Education Print Materials



Are your materials up to date?

Put tracking system in place for timely review

Once patient education materials have been approved for use at a health care facility, a method needs to be put into place for tracking the materials and keeping the information up to date. At Egleston-Scottish Rite Children's Health Care System in Atlanta, an index of all patient education materials is kept on the facility's computer network. The database includes the following information:

- the name of the pamphlet, teaching sheet, video, or other material;
- the material's publisher, whether in-house or outside the institution;
- the content expert(s) who reviewed the material;
- the departments that are using the educational materials, or if the material is department-specific;
- the date the material was created or purchased.

Materials are reviewed every three years to see whether they need to be updated. Therefore, having the database on a computer makes it possible to quickly check the list for material that needs to be updated. "If we see at the beginning of 1999 we have 50 teaching sheets that will become outdated that year, we know we have to review those and see if they need to be updated or not. We give the sheets out to content experts for review," says **Kathy Ordelt**, RN, CRRN, CPN, patient and family education coordinator at Egleston-Scottish Rite.

Also, staff alert the patient and family education committee when a new drug or procedure comes along. For example, if a new drug for asthma is introduced, the asthma protocols would be changed to include the new drug. When something new is introduced, the material is automatically reviewed and updated, even if it has only been on the database for six months. ■

and content experts to use during the review process. They simply check off the various areas of compliance for the material they are reviewing.

Materials from outside sources are reviewed by members of the patient education committee and appropriate content experts such as a physician and dietitian. If the material is being developed in-house, there is a list of people who must have input into the project such as physicians, risk management, and creative services.

"Each person who does the content review is given a sheet they go through and return. We keep those sheets on file for at least a year after we launch the project in case questions should arise," says Ordelt. **(For information on how Ordelt surveys patients to see if materials were beneficial, see story, p. 71.)**

It's a good idea to have a policy in place for the proposal and request process, agrees **Candace Stiklorius**, MSN, RNC, coordinator for the Patient & Family Education Center at the Hospital of the University of Pennsylvania in Philadelphia. When clinicians at this health care facility request materials, they are asked to see what is available from vendors first.

"If vendors answer the need, we will add the material to our inventory. If there is nothing available or it's not applicable to our population, a proposal to develop our own is submitted to the patient education committee," says Stiklorius.

Advance practice nurses find or develop the materials, then take them to the appropriate physicians with a sign-off sheet. Specific criteria, such as accuracy and presentation, are used to

COMING IN FUTURE MONTHS

- ■ Use NCI patient education guidelines to shape programs
- ■ Make money on your patient education pamphlets and videos
- ■ Try these outreach strategies to curb domestic violence
- ■ Using e-mail as a patient education communication tool
- ■ Test the quality of your materials in patient education contests

Want to know the truth? Just ask your patients

Surveys can provide valuable feedback

Patient satisfaction surveys are used at Egleston-Scottish Rite Children's Health Care System in Atlanta to evaluate the quality of the health information being disseminated. Twice a year (in the spring and fall), nurses distribute a one-page questionnaire in both the inpatient and outpatient areas.

There are several questions pertaining to patient education in general and one designed to determine if the material is beneficial. That question is: "Were you able to understand the materials you received and do you feel they were beneficial?"

Patients or family members are asked to fill out the survey anonymously and put it in a drop box before leaving the facility. This boosts the return rate on the survey, explains **Kathy Ordelt**, RN, CRRN, CPN, patient and family education coordinator.

Another effort to evaluate how beneficial patient education materials are has not worked as well. A postcard with return postage is included with large patient education packages such as the one for oncology patients, yet only about 1% of the recipients of the material return the card. Questions on the card include whether or not the patient or caregiver understood the material and what suggestions they have for improving the material. "We received some good feedback, but with a 1% return we aren't continuing with the evaluation," says Ordelt. ■

evaluate the material. When a unit needs materials, they are ordered through the Patient Education Center, which only supplies approved materials.

"Our policy states that the material must be approved by the patient education committee, clinical experts, and management before being added to the inventory," says Stiklorius. **(For information on tracking inventory and keeping materials up to date, see p. 70.)** ■

SOURCES

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NEWS BRIEFS

Simple formula for readability

The SMOG reading formula is a popular method for evaluating the reading level of materials given to patients. Following are the assessment steps:

• Count off 10 consecutive sentences near the beginning, in the middle, and near the end of the text. If the text has fewer than 30 sentences, use as many as are provided.

• Count the number of words containing three or more syllables.

• Evaluate the grade level by using the SMOG conversion table below.

Total Polysyllabic Level Word Count	Approximate Grade Grade Level
0-2	4
3-6	5
7-12	6
13-20	7
21-30	8
31-42	9
43-55	10
56-72	11
73-90	12
91-110	13
111-132	14
133-156	15
157-182	16
183-210	17
211-240	18

Book shows how to use life as classroom

A book with practical ways to incorporate teaching into daily practice was recently released by Lippincott Williams & Wilkins. *No Time To Teach! A Nurse's Guide to Patient and Family Education* was written by Fran London, RN, MS, health education specialist at Phoenix Children's Hospital. The cost is $29.95 plus $4.50 shipping and handling. Contact Lippincott Williams & Wilkins, P.O. Box 1600, Hagerstown, MD 21741-1600. Telephone: (800) 638-3030. ■

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. ■