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# Patient Education Management™

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

## INSIDE



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# To make patient education programs prime, you must do the time

*Preliminary research provides information that makes or breaks a program*

The need for a patient education program usually has obvious indicators. For example, chart audits, readmission rates, and calls to the hospital's information line point to the need for a program. The need is even more obvious if it isn't met elsewhere in the community.

The question then becomes: Should you develop a program? Experts advise patient education managers to conduct preliminary research first. A literature search is a good beginning because it helps identify the current best practice, says **Mary Szczepanik**, BSN, program manager for cancer education, support, and outreach at Grant/Riverside Methodist Hospitals in Columbus, OH.

"A literature search is always a good procedure to make sure that what you are developing is consistent with or reflects what researchers have learned so you aren't recommending something off-target or incorrect," agrees **Barbara Hebert Snyder**, MPH, CHES, president of Making Change, a health education consulting firm in Cleveland.

Your concept of what works may be out of date, and new methods or approaches to a problem may have been recently developed. A literature review will uncover the latest findings. It verifies the best approaches, explains Hebert Snyder. **(For details on how to conduct a literature search, see article, p. 74.)**

If there is a difference of opinion on the best course of action, looking at the available research is invaluable, says **Nancy Goldstein**, MPH,

This month, *Patient Education Management* presents the first of a two-part series on creating solid patient education programs. This issue focuses on the footwork that must take place before the components of a program are determined. In August, we will explore the best ways to pilot a program to eliminate any possible kinks. ■

## It's all in the word search

*Tips for conducting preliminary research*

The best way to conduct a literature search is with the help of a librarian, advises **Barbara Hebert Snyder**, MPH, CHES, president of Making Change, a health education consulting firm in Cleveland. "It is more efficient to work with someone who is already comfortable with doing searches and accessing multiple databases," she explains.

Yet, even with the help of a librarian you must be very specific in what you are looking for. Broad subjects garner thousands of potential citations. Therefore, it's a good idea to clarify your thinking by creating a list of questions you are trying to answer and then highlighting the key words, advises Hebert Snyder.

Although a librarian is ideal, this service may not always be available. Following are several tips to make your search successful when you have to do it on your own:

**• Read the abstracts.**

Scan abstracts of articles uncovered in a literature search. If it sounds like it contains information you are looking for, print a hard copy of the entire article to see if your search is on target. "If the abstracts are related but they aren't really cued in on what you want, then that is a clue to narrow your search. Focus it more, or come up with better key words," says Hebert Snyder.

**• Identify databases.**

When **Yvonne Brookes**, RN, patient education liaison for Baptist Health Systems of South Florida in Miami, does a literature search, she first checks Health Reference Center Academic by InfoTrac in Foster City, CA. InfoTrac is a multi-source database for health and wellness information to which her health care system subscribes. She also searches several Web sites, including Medline, the National Institutes of Health, the Medical Library Association consumer and patient health information section, and Thriveonline Health Library, which is a search engine for health care information.

To uncover the latest in community education, Brookes often reads on-line newsletters such as *To Your Health*, published by Kaiser Permanente. **(For Web site addresses, see source list on p. 75.)**

**• Search by author.**

Often, certain researchers will be well-known for their work in a particular area. If it pertains to your topic, search for articles they have written and then look at their references to lead you to more information, says Hebert Snyder.

**• Expand on medical literature.**

Don't limit the literature search to medical journals, says Hebert Snyder. "If the search is limited to medical journals, it might not pick up some of the behavioral interventions or behavior change strategies that might be in some of the social science journals," she explains. Come up with key words that relate to behaviors so your search is more fruitful.

**• Request information updates.**

Identify six or seven journals that are most targeted to the area you are working in, and ask the librarian to photocopy the table of contents each month and mail them to you so you can keep abreast of the latest research. "You can decide if any of the articles in that issue are ones you would like to read and review," says Hebert Snyder. There may be fees involved, but they could be incorporated into the cost of program development.

**• Keep an open mind.**

Keep an open mind about what you find in the literature, says **Mary Szczepanik**, BSN, program manager for cancer education, support, and outreach at Grant/Riverside Methodist Hospitals in Columbus, OH. While you may want to do the program, if the literature reveals that it won't work because you have misread the population or the need, be willing to drop the idea. ■

patient education program manager at Fairview-University Medical Center in Minneapolis. "We found a literature search to be particularly helpful as we went through the merger process. We established a number of population-based patient education groups. Looking at the literature helped guide many of our decisions regarding the direction we wanted to take," she explains.

Once articles are found about successful programs that fit your patient group and have been implemented at health care facilities similar to yours, call the author and get him or her to tell you why the program is working, suggests Szczepanik.

Before making that call, however, write a list of questions pertaining to internal and external

obstacles that would make it difficult to put a similar program together. It might be lack of funding, physician resistance to others teaching their patients, or an administration that doesn't see patient education as a priority.

Type the questions out, leaving space after each question to write down the author's response. After you talk to one or two people, you will want to revise the questions, because issues will come up in conversation that you have not thought about, explains Szczepanik. "You want to change your template and improve it so when you call the next four people, you get that depth of information you are looking for in order to decide whether a program that you have been asked to create or want to create is even feasible," she says.

To track authors, she writes down the name of the institution where they work and calls the library to get a telephone number. Often, she is transferred several times when she calls before reaching the right person. When an e-mail address is included with the article, communication can begin right away. However, a telephone call also should be made after a list of questions is written. Questions might include:

- Why did you think you needed to do this program — what need were you trying to meet?
- What kind of support did you have?
- What budget did you have?
- If grant-funded, how do you fund the program now?
- How are you evaluating the program?
- What obstacles did you encounter, and how did you overcome them?
- How much does the program cost?

If all the pertinent facts cannot be gathered over the telephone, do a site visit, suggests Szczepanik.

In addition to talking to health care professionals about the successful components of their programs, it's also an opportunity to discuss the instruments they used. For example, in the literature they may have discussed a survey or evaluation instrument they used or materials that enhanced the program. "Ask if you can review them to see if you can use them at your site and get permission to use the instruments," says Hebert Snyder.

While it is always a good idea to start with a literature search, there are many good programs that are never written up, says **Louise Villejo**, MPH, CHES, director of patient education at University of Texas MD Anderson Cancer Center in Houston.

## Databases to get you started

Following are a few Web sites you can access when doing a literature search:

- **Databases.**

— Medical Library Association, Consumer and Patient Health Information section: www.caphis.njc.org/directory/find.html.
— Medline Plus: www.medlineplus.nlm.nih.gov/medlineplus/libraries.html.
— Thriveonline Health Library: www.thriveonline.com/health/library/lookitup.html.

- **On-line newsletters.**

— *Dr. Koop's Community:* www.drkoop.com.
— *Intelihealth*, published by Johns Hopkins Medical Center: www.intelihealth.com.
— *To Your Health*, published by Kaiser Permanente: www.kaiserpermanente.org/toyourhealth/index.html.

- **Subscription databases.**

Health Reference Center Academic, InfoTrac SearchBank. InfoTrac, 362 Lakeside Drive, Foster City, CA 94404. Telephone: (800) 227-8341 or (650) 378-5000. Web site: library.iacnet.com.

A quick way to uncover good ideas is to post a message on an Internet listserv. "People throw questions out on the listserv and get good ideas. Either the people who have developed the programs respond, or you are referred to a person who has developed a model program or has done a good job in developing programs," says Villejo. **(For information on a good patient education listserv, see editor's note at the end of this article.)**

### *Uncovering best practice*

While "best practice" is a term used to define programs and interventions that have attained outstanding outcomes, there are not uniform standards for best practice. "It is really in the eye of the evaluator," says **Patricia Mathews**, RN, MHA, president of Mathews Associates, a patient education consulting firm in Chambersburg, PA.

There are, however, a few disease-specific national standards, says Hebert Snyder. For example, the Alexandria, VA-based American Diabetes Association has created national standards for diabetes education. "If the diabetes program you are developing was in line with the national standards, it would reflect best practice.

## Odds and ends to cover up front

*Don't forget these preliminary steps*

While you may have all the components of a successful program based on a literature search, phone calls, site visits, and focus groups, there are a few other details that must be attended to before planning begins. Following are a few tips from your colleagues on the loose ends that need to be tied up before proceeding:

• **Obtain funding and support.**

A proposal will need to be created to obtain program approval as well as funding. Information gathered in the literature search often can be used to support a program's validity. It's a good idea when approaching administrators and physicians to have some best practices and abstracts, says **Mary Szczepanik**, BSN, program manager for cancer education, support and outreach at Grant/Riverside Methodist Hospitals in Columbus, OH.

"One of the first questions an administrator, and probably a physician, will ask is, 'has anyone ever done this before and do we know if it worked or not,'" adds Szczepanik.

• **Identify health care trends.**

To know if a program will work or not, it is a good idea to identify the current health care trends and the related patient education needs, says **Patricia Mathews**, RN, MHA, president of Mathews Associates, a patient education consulting firm in Chambersburg, PA. Investigate these trends to see what impact they would have on the program.

For example, there currently are trends toward informed consumers, complementary medicine, and ambulatory focus. "Those planning for patient education need to be proactive and not reactive related to health care trends," says Mathews.

• **Find an instructor**.

In today's health care climate, it is often difficult to find a program instructor. Therefore, it is a good idea to talk to administrators ahead of time about scheduling someone to teach the program, says Szczepanik.

• **Check with appropriate organizations**.

If a program involves other agencies, get them on board before creating the program, says **Yvonne Brookes**, RN, patient education liaison for Baptist Health Systems of South Florida in Miami. "If your program is geared toward schoolchildren, contact a couple of schools," she suggests. ■

In a lot of areas, it is not so nicely packaged, so you may have to check if there are clinical guidelines that have been developed by the national organization regarding the treatment area, especially if it includes the patient education component of treatment," she says.

In the absence of standards or guidelines from national organizations, look for health care institutions that have well-regarded patient education programs, suggests Hebert Snyder. For example, if developing a cancer program, look to some of the renowned cancer institutions for similar programs and see what elements they have that make them work well. The names of some of these institutions may surface during the literature search, or national organizations might be able to identify those with good programs.

When looking for best practices, **Yvonne Brookes**, RN, patient education liaison for Baptist Health Systems of South Florida in Miami, checks the Web sites of well-known health care institutions searching for programs that are similar to those she wants to create. "If I see they are doing a program I want to do, then I try to liaison with a person there to get details on what they have done and how they have done it," she says.

Look for best practices among programs that have been developed along health education theory and practice models. These programs usually are the ones found in the literature. The literature shows some of the best practices because the person who developed the program must show the methodology, the process, and the outcome, says Villejo. It's then easy to see how the program fits your institution and how you can implement something like it.

"The program you develop from this point is going to be pertinent to your needs, so it will be best practice for you. Best practice is what has provided optimal results for your goals," says Villejo.

To determine which components of a program will work at your institution and which won't, do a needs assessment, advises Villejo. Focus groups

are a good way to reach both patients and staff, and they can be tailored to your budget and time frame.

Because Villejo currently is working on a hospital guide that will be left in each patient's room, she doesn't have a lot of time to devote to focus groups. Therefore, she developed a questionnaire and gathered a focus group made up of volunteer hosts and hostesses who go from room to room to help patients.

She selected this group because they were very easy to gather. Using the questionnaire, she was able to quickly find out what kind of information the patients were asking for.

She still plans to do individual interviews with about 30 patients using the questionnaire. Also, she will gather about 20 different disciplines to ask some of the same questions. "We will gather all the information and look at what we planed to put in the guide, and then see what we might add or take away," says Villejo.

It's really important before completing the design of a program to do either a focus group or telephone interviews, agrees Szczepanik.

### SOURCES

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Before creating patient education libraries on the nursing units, she held brainstorming sessions inviting all allied health professionals, from housekeepers to physicians.

"If you have a program you want to implement in different areas of the hospital, you can't just decide in your office what the program will look like and plop it on each nursing unit. You have to get out there and beat the bushes and talk to people," says Szczepanik. **(For tips on additional in-house and outside research that should take place before program design, see article, p. 76.)**

*[Editor's note: PatedNet is an electronic mailing list available to patient education professionals. Subscriptions are handled by the office of Patient Education, University of Utah Hospitals and Clinics. To subscribe, send your e-mail address to jackie.smith@hsc.utah.edu, or call (801) 581-4804. There is no charge for subscription to the list.]* ■

## Reader Questions

# Videos provide teaching on demand

*CCTV and take-home options add convenience*

**Question:** "What are your experiences with your in-house patient education TV system? Have you found it to be a useful tool in light of the shortness of stay and reduction of teachable moments — and if so, how? Are you complementing the system by giving or loaning patients educational videos to take home? If so, what distribution system do you have in place? If using both an in-house TV system and take-home videos, which do you find to be the most effective?

**Answer:** The On Demand Closed Circuit Television system at St. Joseph's Hospital of Atlanta is a useful adjunct in teaching patients and families during hospitalization, says **Joyce Dittmer**, RN, MSN, director of educational services.

With decreasing length of stay for patients who have had open heart surgery, it has become more and more difficult for them to attend a 45-minute

## Take-out education extends teaching

*Videos make it possible to give lessons at home*

Take-home videos have become an integrated part of teaching plans at the University of Wisconsin Hospital and Clinics in Madison. "Many of our videos are produced in-house and are specifically designed to complement the print materials and related discussions," says **Zeena Engelke**, RN, MS, senior clinical nurse specialist at the hospital system.

The videos often prepare patients for a procedure or provide reinforcement for skills taught in the hospital or clinic. For example, women who have had breast surgery take a video on drain care home with them after surgery to reinforce the teaching they received as an inpatient on self-care skills. Patients view "First Day Surgery" before their surgery work-up visit.

In the videos that introduce patients to the health care facility for surgical procedures, there is a sequence of activities so patients will know how to navigate the facility. It also offers sensory information about the procedure. "The more the patients know about what they are going to see, hear, feel, taste, and touch, the less anxious they will be about the experience," explains Engelke.

Another piece that makes the videos valuable to patients is the interviews with other patients and family members who tell what the experience was like for them. This provides a range of responses and makes the information more meaningful than a booklet, says Engelke.

To make sure take-home videos are returned, a label is placed on each with instructions to return the video to either the clinic or learning center. There is no deadline, so patients can return the videos the next time they come to the clinic. About 100 tapes are kept in stock for each high-volume procedure and about 20 for less frequent procedures.

It's important to note how long it is before the patient will be scheduled for a clinic visit to calculate how many videos will need to be kept on hand, explains Engelke. Patients usually don't make special trips to return a video.

"The videos never take the place of verbal teaching; they are integrated within the teaching plan. They probably expedite the teaching process, but they should never take the place of it," says Engelke. ■

class on home instructions and diet prior to discharge. It is also difficult for the patient's family members to attend the class because it is held Sunday through Friday at 1:30 p.m. Therefore, hospital staff videotaped the class and put it on the CCTV system. Now patients and family members are able to view the video at their convenience.

"Not only is the video one approach to [having fewer] teachable moments; staffing levels are such that nurses may not be able to spend as much time on a one-to-one basis with the patient. The video offers consistent information to the patient that the nurse can either reinforce or evaluate the patient's learning," says Dittmer.

Having just switched from prescheduled programming to an on-demand system, Northwestern Memorial Hospital in Chicago has no track record from which to evaluate the technology. Yet, **Magdalyn Patyk**, MS, RN, expects it to be a much better tool for patient education. "The on-demand system gives staff a little bit more flexibility in regard to meeting the patient's needs," she says.

It also will complement the teaching for the cardiac clinical paths a little better than the old system. The programming for the cardiac channel was selected in accordance with the teaching prompted by the clinical paths.

The on-demand system currently can handle nine concurrent viewers, but because the system tracks usage, Patyk will be able to evaluate its ability to handle the patient load. The system can be upgraded if viewers are waiting to watch videos.

### *Technology shapes effectiveness*

It seems that CCTV as is only as valuable an educational tool as its technological capabilities. The on-demand system at Provena Mercy Center in Aurora, IL, is run by a volunteer staff. When a patient selects a video from the CCTV guide, he or she dials an extension that connects to a station with a volunteer who manually puts the tape in the VCR and instructs the patient to turn the television to channel three. When the volunteers are

not managing the information desk, the patient can't watch a video.

A second drawback of the system is that only one tape can be viewed at a time. If a patient is watching an educational video when other patients call, they have to wait for their selection. "Originally, we had the tapes on a time schedule, but with the shorter length of stay, patients would miss the video," says **Rita Smith**, MSN, RN, education coordinator for Provena Mercy.

Even with a limited system, Smith finds that CCTV is a valuable aid to teaching, especially in an era when nurses don't have a lot of time to devote to teaching. That's because they can have the patient watch the video while they perform other duties and return to reinforce the education, she says.

CCTV is a valuable teaching tool, agrees **Laura Carey**, RNC, nurse clinician on the cardiac telemetry unit at South Miami Hospital. Patients view pre-procedure and post-procedure videos on such topics as nutrition and exercise following open heart surgery. Yet many nurses do not take advantage of this teaching tool because the system is too hard to operate. "It takes 10 steps to access the system, and that's its biggest drawback," says Carey. As a result, patients who are sick don't exert the effort either.

To make the system less intimidating for both patients and nurses, Carey grouped the instructions into 10 steps and has them available in both Spanish and English.

Northwestern is just beginning to complement its CCTV system with take-home videos. The hip and knee joint replacement video distributed to patients in the physician's office is now on CCTV and is available at the health learning center. "We are hoping this will be a great piece for patients and their families who don't always attend the joint replacement classes preoperatively," says Patyk. **(For more information on using take-home videos as a teaching tool, see article, p. 78.)**

Hospital staff also are experimenting with video on the Intranet, an in-house version of the Internet. A collaborative effort between information services, physical therapy, and nursing development produced a crutch walking demonstration video. Now staff just have to find a way to give patients access to a computer so they can watch the video.

Patient need dictates whether CCTV or the take-home video is the most effective teaching tool, says Paytk. However, with CCTV, a clinician can speak with patients as their questions arise after watching a video. ■

### SOURCES

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# Patients going to extremes to get stuck

*Acupuncture used to treat a variety of conditions*

At the University of Texas MD Anderson Cancer Center in Houston, patients often seek acupuncture treatments for the side effects of chemotherapy such as nausea, fatigue, insomnia, or loss of appetite. The cancer center uses acupuncture as an adjunct to improve a patient's general health.

Acupuncture doesn't replace cancer treatments; it helps patients go through certain therapies, explains **Joseph S. Chiang**, MD, MS, associate professor in anesthesiology at the University and a trained acupuncturist.

There is a long list of conditions that acupuncture has been used for, however. Generally, it is useful for chronic problems such as low back pain. Also, it is more useful for functional problems than structural problems, says **Mark Fields**, LAC, a licensed acupuncturist with Accredited Acupuncture Clinic in Sacramento, CA.

While there are few Western-style scientific studies on acupuncture, it is a medical treatment that has been used by the Chinese and many other Asian countries for more than 5,000 years. If it didn't work, it wouldn't have lasted thousands of years, states Chiang.

According to Chinese theory, acupuncture is used to manipulate "chi." While there is no equivalent word in Western medicine, the best description of chi is a vital energy. Yet, it is more than this simple explanation. The Chinese think of chi as the source of life. It runs through the body along meridians or channels.

## Restoring the free flow of chi

When a person is sick, he or she has too much chi, not enough chi, or chi that is not running smoothly along these channels. Acupuncture needles are inserted along the meridians at certain points to break up obstructions, drain energy in a meridian, and restore the body back to balance so the chi can flow freely again. The needles are placed in certain spots and manipulated a certain way to achieve this balance.

"An acupuncturist selectively stimulates or irritates points along nerve tracks. It is not acupuncture itself, but the body's response to that stimulation, which normalizes body processes," explains Fields.

While there are no side effects from acupuncture, there can be risks for certain patients. Therefore, patients with a medical problem should be encouraged to consult their physicians first to make sure the procedure won't have added risk.

For example, cancer patients with a very low white blood cell count are at risk for infection. Whenever needles are inserted in the skin, there is the chance that an infection can occur.

When an acupuncturist combines the needle work with herbal medicine, patients in treatment for such diseases as cancer or diabetes must be cautious — especially if taking medications. "Most herbal medicines are safe, and if you are healthy it won't do any harm," says Chiang. **(For more information on herbal therapies, see *Patient Education Management*, March 1999, pp. 27-30.)**

### SOURCES

For more information on creating outreach programs to address community benefit needs, contact:
For more information on acupuncture, contact:

- **American Association of Oriental Medicine**, 433 Front St., Catasauqua, PA 18032. Telephone: (888) 500-7999 or (610) 266-1433. Fax: (610) 264-2768. E-mail: aaom1@aol.com. Web site: www.aaom.org.
- **California Association of Acupuncture and Oriental Medicine**, 1231 State St., Suite 208-A, Santa Barbara, CA 93101. (800) 477-4564 or (888) HEAL-NOW (432-5669). Web site: http://www.caaom.org.
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The first issue patients considering acupuncture should address is whether or not their condition can be treated by acupuncture. The best way to find out is to go to the acupuncturist, explain your condition, and be evaluated, says Fields. Acupuncture is not a one-size-fits-all treatment, he says. For example, not all patients with arthritis are treated the same.

Only by asking questions, examining patients, and using general observation skills will the acupuncturist get a logical symptom picture and diagnosis from which the right point prescription is determined.

## Brain chemistry affects efficacy

Some patients may need eight or more treatments to begin seeing results; others may need fewer than that. About 10% of the population responds very well to acupuncture, and another 10% won't respond at all. "The difference usually has to do with brain chemistry. With some people, their nervous system works a little differently and they have a different balance of nerve transmitters," says Fields.

Patients go through different treatment stages. The first stage is usually more intensive, such as 10 treatments in a three- or four-week period of time. At the end of the first stage, the patient is evaluated; if most of the problem is gone, the patient will return for maintenance treatments.

"Acupuncture is not a gimmick — it really works on a lot of conditions — but it is not magic either. On the conditions that Western medicine can't help, people shouldn't expect to have two treatments and be trouble-free from that point on. It probably will not happen," says Chiang.

For best results, it is important that a patient select a well-trained acupuncturist. However, acupuncture is regulated on a state-by-state basis, and the standards can vary. Patients should not make a hasty selection. First, make sure the acupuncturist can legally practice in your state. Then ask what kind of acupuncture training they have had, says Chiang.

Contact the state medical board for a list of practitioners and cross-check that with members of professional acupuncture associations, recommends Fields. A personal referral from a friend or colleague who has had good results with an acupuncturist is also a good way to find a reputable practitioner.

"Ask the acupuncturist their experience with a particular condition and what results they have had. Also, ask about the use of disposable needles," says Fields. ■

# Library empowers families to participate

*Better health care decisions made with knowledge*

Many health care institutions are creating patient resource centers to meet consumer demand for information. Yet, making the decision to create a library or resource center is the easy decision; it's deciding how it will be designed and run that is difficult.

Patient education managers are often placing messages on listservs, anxious for a blueprint. There are many good centers to use as a pattern. One example is Egleston Family Library at Egleston Children's Hospital at Emory University, which is part of the Egleston-Scottish Rite Children's Health Care System in Atlanta.

The library, which opened six years ago, has an extensive collection, with approximately 3,000 health-related books and videos, as well as such electronic resources as subscription databases, CD-ROMs, and Internet access. It is managed by a full-time paid library coordinator and is open Monday through Friday from 9 a.m. to 5 p.m. Other library services personnel work at the Egleston Family Library when the librarian is away on vacation, sick leave, or at a conference.

In response to a great interest in patient resource centers among patient education managers, *Patient Education Management* will profile several centers in the next few months. This month we begin our series with a profile of Egleston Family Library at Egleston Children's Hospital at Emory University, which is part of the Egleston-Scottish Rite Children's Health Care System in Atlanta. ■

"The primary purpose of the Egleston Family Library is to provide understandable information to our patients and families on the conditions that bring them to the hospital. Staff members use the library when they need help explaining complicated conditions in a layperson's language, and when they or their families have medical problems," says **Arlen Gray**, MA, the family library coordinator.

Volunteers staff the library a few evenings each week and a few hours on weekends as well. When on their own, their primary purpose is to check out recreational materials kept at the library. In addition to its medical collection, the library stocks hundreds of children's books for all ages as well as movie videos to help families pass the time during a child's hospital stay. There also is a small collection of adult reading materials and movie themes.

When volunteers help family members find medical information during the hours they are on their own in the library, they are required to log the transaction. The log sheet includes the name of the person, his or her hospital room number or telephone number, the topic, and materials provided for any searches that were completed. They provide the visitor with the library coordinator's business card, and the coordinator also contacts the person. **(To learn more about procedures for distribution of information in the library, see article, p. 82.)**

To ensure that proper information will be provided, volunteers train with the coordinator. Training varies according to the volunteer's interests and abilities. Some are ready to be on their own after their second two-hour training session.

Volunteers learn about the library's resources and how to check materials in and out. They are

## Creating a library system that's easy to use

*Variety of media provides array of info*

At Egleston Family Library in Atlanta, staff lead visitors to relevant topics and conduct electronic searches when asked. The book collection covers 93 topics and is shelved alphabetically from adolescents to women's health. A computer station provides access to the Internet and to two subscription databases that charge a fee: the Health Reference Center from Foster City, CA-based InfoTrac and the New Fairfield, CT-based National Organization of Rare Disorders. **(For information on research tools mentioned, see source box, p. 83.)**

CD-ROMs provide teaching material. For example, "Pediatric Cardiology," produced by Atlanta-based Pritchett & Hull Associates, provides information on several different anomalies, such as Hypoplastic Aortic Arch. It has drawings that graphically show the defect, how the repair looks when completed, and how blood flow is improved after the surgery. Copies of the graphics are printed out for families.

"When people come into the library, I do what is called a reference interview. I help them tell me what their needs are, and I try to identify for myself the primary question and if there are other questions," says **Arlen Gray**, MA, the family library coordinator. Often, there are three different levels of questions. For example, the family may want information on how the body works, what caused a particular condition, and the definition of the condition.

Visitors can check out as many medical books as they want; however, Gray encourages people not to take more books than they will be able to read in a timely manner, especially in one topic. Visitors often need books on different topics. For example, they may want books on cancer, coping with a disability, and radiation, so they would need to check out quite a few.

They usually keep the books for one week, unless they are in a situation where they will not be returning to the hospital for several weeks. In that case, they are permitted to keep the materials until their next appointment. "I don't want to have materials sitting on the shelf; I want people to use them," says Gray. ■

asked to take an information request unless they are specifically trained to do searches. A volunteer skills checklist is used during the training period that can later be used as a cue sheet by the volunteer to remember such procedures as how to open the library or catalog books.

To make sure the collection is up to date, clinical specialists designated by the medical library committee conduct a complete shelf review every three years. The library policy is to rid shelves of materials that are five years old or more, unless the information is still accurate.

Gray continually searches for material to add to the collection, spending between $3,000 and $4,000 per year on books, videos, and magazine subscriptions. She finds material in catalogues, through suggestions from staff who have uncovered new materials at a conference, and from browsing commercial bookstores.

When new material is purchased, Gray alerts the nurse educators in that specialty area, such as cardiology, to stop by the library and review the material.

"I'm always scanning under published areas such as sickle cell, kidney, or liver. I will get the

### COMING IN FUTURE MONTHS

- How to fill patient education classes to capacity
- Outreach strategies curb domestic violence
- Create revenue by marketing patient education materials
- Awards to increase value of patient education projects
- Selecting standards that reveal best practice

## SOURCES

For more information on Egleston Family Library, contact:

- **Arlen Gray**, MA, Family Library Coordinator, Egleston Children's Hospital, Emory University, 1405 Clifton Road N.E., Atlanta, GA 30322-1101. Telephone: (404) 315-2611. Fax: (404) 325-6463. E-mail: agray@mail.egleston.org.

For more information on the databases and educational tools mentioned in this article, contact:

- **Health Reference Center, InfoTrac**, 362 Lakeside Drive, Foster City, CA 94404. Telephone: (800) 227-8431 or (650) 378-5000. Web site: library.iacnet.com.
- **Pediatric Cardiology CD-ROM**, Pritchett & Hull Associates, 3440 Oakcliff Road N.E., Suite 110, Atlanta, GA 30340-3079. Telephone: (800) 241-4925. Web site: www.p-h.com/. Cost of CD-ROM is $495.
- **The National Organization for Rare Disorders**, P.O. Box 8923, New Fairfield, CT 06812. Telephone: (800) 999-6673 or (203) 746-7518. Fax: (203) 746-6481. Web site: www.NORD-RDB.com/~orphan.

new editions of current titles, but I definitely look for new titles. I like to be as up to date as possible," says Gray.

Purchases reflect areas of high pediatric patient enrollment. For example, the cardiac collection is quite large because Egleston is one of the premier pediatric cardiology centers in the nation. The cancer collection also is large because the hospital has a major cancer center. Each year, Gray must submit a budget for operating costs that includes money for such things as supplies, books, travel expenses, and conferences.

To make sure the library is meeting the needs of patients and family members, surveys are conducted twice a year. One is conducted during National Library Week and another during National Patient Education Week. The surveys are left on a table and visitors are asked to fill them out. Questions include the reason for visiting the library, whether or not the respondent's needs were met, if the hours are convenient, and if the respondent has any comments or suggestions.

Each quarter, a week is set aside to track transactions to determine if they are light (less than five minutes), medium (five to 15 minutes), or heavy (15 minutes to one hour). Research shows that about 110 to 125 transactions take place on a weekly basis.

Families who arrive anxious and stressed often leave the library pouring out praise for receiving information that clears up their doubts, gives them the vocabulary to converse with clinicians, and points out questions they knew they needed to ask but were not sure how, says Gray.

"The library is a definite plus for families and staff who use their time more effectively because families come to the library when they are ready and able to absorb information and return empowered to participate in health care decisions," she explains.

*(Editor's note: Egleston Family Library is one of six libraries within the ERS Children's Health Care System. The Max Brown Family Library is located at the Scottish Rite campus, and both Egleston and Scottish Rite have a medical library. In addition, the health care system has two community sites that distribute health-related information such as well-baby care, child development, and hygiene.)* ■

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# NEWS BRIEFS

## Pocket-sized health guides for Hispanics

The Agency for Health Care Policy and Research (AHCPR) has issued two pocket-sized Spanish-language guides giving recommendations for detection and prevention of various medical conditions. The guides were designed to be distributed to Spanish-speaking patients, with the goal of boosting the number of Hispanic women who use prenatal care to 90% by the year 2000. AHCPR officials also hope the guides will prompt more Hispanics over age 65 to get pneumonia and influenza shots. Currently, only 38% of Hispanic seniors receive the shots. The goal for the year 2000 is 60%.

The guidebooks are part of the AHCPR's national campaign titled "Put Prevention into Practice." Copies of the guidebooks can be obtained by calling (800) 358-9295 or by visiting AHCPR's Web site at www.ahcpr.gov/ppip/. They are free of charge and available in both English and Spanish. There is a limit of 200 per customer in each category. ■

## Week dedicated to patient education

The Philadelphia-based Health Care Education Association (HCEA) announced that it has designated the week of Dec. 5-11 as Health Care Education Week. The theme this year is "Y2 Teach . . . A Gift for the Future." The theme was selected because of the Y2K issue and because the week was near numerous religious celebrations that incorporate gifts as part of the observance. Also, the theme refers to future health.

In the year 2000, HCEA hopes to join with other health care organizations in planning the observance of health care education. Rather than one week, an entire month may be set aside to observe health care education.

For more information, contact: Health Care Education Association, 1211 Locust St., Philadelphia, PA 19107. Telephone: (888) 298-3861 or (215) 985-0216. Fax: (215) 545-8107. ■



## 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. ■