

Patient Education Management™

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

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Your last-minute job: Alert but don't alarm patients about Y2K

Fine line between providing 'just in case' guidelines and causing fear

While every health care institution across the nation is completing preparations to avoid Y2K problems, patient educators also have some important last-minute tasks.

Although much of the preparation is behind the scenes and involves technical and operational staff, many patient education managers are creating educational sheets for patients. The information is designed to reassure patients that the medical facility is prepared to handle any problems that may occur due to computer malfunctions, and to alert patients about precautions they should be taking. Depending on the information, patients only need to be alerted two weeks to a month before the New Year dawns, so it's not too late to prepare a handout.

"We don't want to alarm people, but we want them to know there are some basic precautionary things they should think about which aren't very different from the way they should manage their health over time, regardless of Y2K," says **Carol Maller**, MS, RN, CHES, patient education coordinator for the Veterans Affairs Medical Center in Albuquerque, NM.

These precautions include patients filling prescriptions two weeks before they run out of medications, having a manual alternative to devices that run on electricity (such as oxygen equipment), and having a plan in place for medical emergencies, such as a cellular phone to call for help.

To give patients the necessary information, the patient education department at the VA in Albuquerque helped prepare a simple, one-page sheet. The simplicity of the sheet was meant to show patients that there is really not a lot they need to do differently in preparation for the turn of the century. A more detailed information sheet on medications

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also was created. (See examples of these information sheets, inserted in this issue.)

The information sheets will be distributed at the VA Medical Center the same way all educational materials are distributed, says Maller. First, staff will be informed there is a new title available and will be given samples of the handout. Staff then will distribute the materials to patients as appropriate. "We don't put any of our materials out in the medical center, because we want the patient to have an interaction with a health professional," says Maller. In that way, the health professional can individualize the material for a particular patient.

Maller stayed abreast of the Y2K-related information being broadcast by the media. She kept a list of possible Y2K problems mentioned in the media and presented the list to the patient education committee. The committee then began to examine issues related to health care and the critical things people would need to do to carry them through the transition to the New Year in case services were interrupted.

With all the publicity about Y2K in newspapers and on television, the Y2K preparation team at the University of Washington Medical Center in Seattle decided it would be wise to develop a simple communication piece to give to patients and family members. The major intent of the one-page flyer is to explain that plans are in place for emergencies and if patients have any concerns, they should speak to their health care team.

Making a low-key effort

"We will start to distribute at admission in mid-fall a brief handout acknowledging all the concerns around Y2K and our medical center's efforts to remedy any problem areas in order to be prepared to provide safe, quality care during the turn of the millennium. It will be a low-key communication effort, but one we hope will address concerns of patients and family members if they should arise," explains **Cezanne Garcia**, MPH, CHES, manager of patient and family education services at the medical center.

The letter is being distributed in advance of the New Year, because some patients could be admitted to the hospital multiple times, depending on their health care needs. About one week before the New Year, the flyer will be distributed on patients' meal trays, because these patients most likely will be in the hospital during the holiday.

SOURCES

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The second form of distribution is to ensure that patients read the information just in case they did not see the letter in their admission packet. "We want to give people confidence that our system is readying itself and is well-primed and prepared," says Garcia.

How should patients prepare for Y2K?

If the information sheet being created at St. Luke's-Roosevelt Hospital Center in New York City is approved as written, it will provide information on what the hospital has done to prepare as well as information on what patients can do, says **Judith Nierenberg**, RN, MA, patient education manager at the facility. The center has a series of health guides for patients with about 150 titles written in Spanish and English. A health guide on Y2K is currently being written.

The patient portion instructs patients to fill their prescriptions in advance, have their medical records on hand, make copies of insurance records, and create a sheet with all their vital medical information on it, including their medical conditions and the names of their physicians. It also suggests they list all their medications, what they are for, and who prescribed them. People with medical equipment are advised to contact the manufacturer or their health care provider.

At present, patients do not seem to be too concerned about Y2K problems, says Maller. "We aren't getting a lot of questions, but that could change as it gets closer to the New Year and also depending on how the media covers it," she says. ■

Reader Questions

Education week provides excuse to honor teaching

An opportunity that can't be missed

Question: "How can Health Care Education Week be used to recognize and promote patient education? What have you done at your institution and what results have you seen by recognizing patient education during this week?"

Answer: No one should miss an opportunity to promote the importance of patient education, says **Ceresa Ward**, MS, RN, manager of health improvement services at the University of Missouri Hospitals and Clinics in Columbia. That's why several events have been created at the health care facility to commemorate Health Care Education Week, which will take place Dec. 5-11, 1999. **(For more information on Health Care Education Week, see article, p. 125.)**

Awards given in multiple areas

One of the most important events is the recognition for excellence in patient education provided by the distribution of awards. In 1988, when the institution had its first recognition ceremony, only nurses were recognized. Now the awards are multidisciplinary.

There also is no longer an overall winner, because it is too difficult to compare patient education efforts in diverse areas of a health care facility, such as ICU, dietary, or patient care units. Staff in each patient care area can make nominations according to a set of criteria. They also select the award winner within their own division unless they seek help from the patient and family education committee, says Ward.

The selection criteria for nominations are:

- **Priority.**

Nominee prioritizes patient education in care routine. He or she may be a member of the house-wide patient education committee, the nursing patient education subcommittee, or a unit-based patient education committee. Nominee collaborates with interdisciplinary team.

- **Teaching.**

When teaching patient, family, or caregiver, the

nominee uses a variety of teaching tools and approaches to meet individual learning needs. Shares information on patient education materials, teaching protocols, teaching tips, and patient teaching documentation with staff.

- **Educational material identification and development.**

Nominee identifies or writes new educational materials or patient teaching protocols using appropriate approval process or serves as a content expert for development or review.

- **Documentation.**

Documents teaching and evaluates patient/family learning using approved documentation methods.

- **Skill enhancement.**

Increases knowledge base of how and what to teach by reading journals, attending conferences, or participating in special programs.

The awards show staff there is recognition for making patient education an important part of patient care, says Ward. "The awards are a form of reinforcement to the individuals who receive them and also an overall reminder to everyone that patient education is important, and we do notice whether or not it is done," she explains. The institution used to hold an awards ceremony, but only the winner's family members showed up, so last year they presented the awards on the unit, surprising the recipient. **(To learn innovative ways to use posters during Health Care Education Week, see article, p. 124.)**

Opportunity for workshops

At the University of Miami Jackson Memorial Hospital, Health Care Education Week is used to make staff more aware of the importance of educating patients. This year, a workshop titled "*You Want me to Teach What to Whom?*" which covers the basics of adult education in a health care setting, is a featured event. It also teaches attendees how to evaluate the readability level of written materials, says **Sharon Sweeting**, MS, RD, CDE, coordinator of patient and family education at the health care facility.

The facility has 1,300 beds and 8,000 employees. To get the word out on the workshop, Sweeting uses the interdepartment e-mail system and usually has a large turnout. Also, rather than celebrate health care education in December, she holds events in September, when holiday parties won't interfere with attendance.

Poster sessions increase interest in education

To grab attention, post it!

How do you reach a varied audience with a good solid educational message? Try posters. At the University of Miami Jackson Memorial Hospital, departments are encouraged to participate in the poster session, held during the celebration of Health Care Education Week. The session is held in the main lobby in order to attract as many participants as possible.

“The posters represent education programs that are currently ongoing and are also interactive,” says **Sharon Sweeting**, MS, RN, CDE, coordinator of patient and family education at the health care facility. “For example, our Reach to Recovery Mastectomy Program poster has the hand prints going up the wall that they do for stretch exercises post-operation.” The diabetes case management program has a risk assessment

that visitors can complete, and they do blood glucose tests to make their poster interactive.

The poster session during Health Care Education Week at the University of Missouri Hospitals and Clinics in Columbia has a slightly different twist. All the posters are displayed in the main lobby so staff, visitors, and patients can vote for their favorite posters. Staff submit posters to the contest that either teach patients or teach staff about patient education. Judging is based on creativity, most effective communication of the message, and best use of theme.

In addition, staff in the patient education department create posters to hang in the elevator lobbies. “We create these specifically for education, such as cultural awareness, or educational topics visitors can get something out of, like the use of sunscreen. We try to highlight some of the things we are trying to do with patient education or do some patient education that would also be applicable to the community and patients,” explains **Ceresa Ward**, MS, RN, manager of health improvement services at the University of Missouri Hospitals and Clinics. ■

To target employees who aren't involved directly in patient care, Sweeting organizes a patient education health fair in the medical center's park. About 35 agencies and departments participate in the fair, which focuses on health screenings such as high blood pressure and blood glucose.

If the screening determines that the employee is at risk for a particular disease, he or she is immediately referred to the employee health service. “We have closed the loop in terms of not just screening for screening's sake, but to take action. If you are high-risk, you are referred to counseling,” says Sweeting.

Health fair promotes patient education

A health fair aimed at the patient population has been used at the Veterans Affairs Medical Center (VAMC) of Milwaukee to promote the value of patient education. The health fair consists of 25 multimedia displays highlighting formal patient education programs, support groups, and other specialty resources. VAMC invites veterans to the fair via a mass mailing, explains **Jill A. Gennari**, patient education librarian at VAMC Milwaukee.

In addition to providing education for patients, the health fair helps staff members learn about the patient education programs and resources offered by the VAMC. The health fair also enhances VAMC's ability to provide health education to patients.

Staff members who create the multimedia displays are asked to identify an educational goal specific to the topic of their display. A one-page form listing the stations at the health fair and a specific goal to be accomplished at each one is printed by the Patient Education Council.

In 1998, there were 17 stations. “Any staff member who participated in at least six of the 17 stations and had the instructors' initials to verify participation was granted one hour of educational credit,” says Gennari.

Celebrating Health Care Education Week helps to heighten the consciousness of patient education among employees at the health care institution, says Sweeting. It also helps staff see the unique educational programs in other departments rather than just where they work. It's also a good marketing tool, exposing the community to the innovative educational programs available at the medical facility. **(For other ideas for celebrating Health Care Education Week, see list on p. 125.)** ■

Try these field-tested successes

Following are a few tried-and-true activities for Health Care Education Week that other health care institutions have found successful:

- Pizza parties for the nursing units with the best performance improvement for documentation of patient education.
- Poster contest between hospital departments, with each department creating a poster depicting their patient education efforts.
- Hospital display depicting patient education efforts of departments such as home health, physical therapy, and cardiac rehabilitation.
- Table tents announcing Health Care Education Week in cafeteria and bookmarks on patient trays.
- A patient education department open house with each educator providing a display regarding their specialty.

For more information on the above ideas, contact: **Deborah Pfaffenhauser**, RN, director of Consumer Health Information, Bayhealth Medical Center, 640 South St., Dover, DE 19901. Telephone: (302) 674-7099. E-mail: dpfaffenhauser@kgh.bayhealth.org.

- Open house with refreshments in the medical and family libraries, highlighting their resources and services.
- A table display outside the cafeteria with games, drawings, and pictures of staff "education stars."
- Prizes, certificates, and awards for winners of the best in staff and/or patient education. Ballots are sent to staff, asking for their votes on who or what should win top awards.
- Notification to managers and physician leaders to let them know which members of their staff were nominated for patient education awards.
- Publishing the names of nominees for and winners of patient education awards in the staff newsletter.

For more information on these ideas, contact: **Kathy Ordelt**, RN, CRRN, CPN, patient & family education coordinator, Children's Healthcare of Atlanta, 1001 Johnson Ferry Road, N.E., Atlanta, GA 30342. Telephone: (404) 250-2757. E-mail: kathy.ordelt@choa.org. ■

Next month is your time to shine for job well done

Tools available to get started

The Philadelphia-based Health Care Education Association (HCEA) has announced that it has designated the week of Dec. 5-11 as Health Care Education Week.

The theme of Health Care Education Week this year is "Y 2 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.

Planning packets are available and are free to members of HCEA. The cost to non-members is \$7 and includes shipping and handling.

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 or to order your packet, contact: Pritchett & Hull, 3440 Oakcliff Road, N.E., Suite 110, Atlanta, GA 30340-3079. Telephone: (800) 774-1078. For information only, contact: Health Care Education Association, 1211 Locust St., Philadelphia, PA 19107. Telephone: (888) 298-3861 or (215) 985-0216. Fax: (215) 545-8107. ■

SOURCES

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Redesign gets resource center up and running

A room at the top makes for success

Plans for a patient and family resource center have been drawn up and scrapped several times since the original proposal was made at the Hospital of the University of Pennsylvania in Philadelphia in 1982. Each time a center was proposed, lack of space prevented administrators from endorsing the project.

Then six years ago, when the hospital put together a planning committee for a new hospital entrance, a nursing leader in the group promoted the idea of a learning center. As a result, 1600 square feet were set aside in a prime location. The center is located at the top of the escalator in the main corridor near the admissions center, the gift shop, and the outpatient pharmacy.

Center got 5,000 visitors last year

With its prime location, the resource center has no trouble attracting drop-in visitors. This past year, 5,000 visitors came to the center. "Our primary focus is information geared toward patients and families, and we are pretty much an adult hospital, too. We have a children's hospital next door, and they also have a big center," says **Candace Stiklorius**, MSN, RN, C, coordinator of the patient and family education center at the Hospital of the University of Pennsylvania.

The break-out of visitor categories is fairly even. About one-fourth are patients who have come to the hospital for treatment or preadmission testing. Some have been sent to the center

In response to a great interest in patient resource centers among patient education managers, *Patient Education Management* began a series of profiles on centers in the July issue. This month, our featured resource center is at the Hospital of the University of Pennsylvania in Philadelphia. It is unique in several ways:

- It's located at the top of a busy escalator.
- It's funded by an annual golf tournament.
- Handouts are screened by keeping the printer in a storage room. ■

by their physicians following an appointment. (For information on how the center is promoted, see article below.)

Family members also make up about one-fourth of the visitors. They usually have a loved one in intensive care or on another unit, and health care workers have suggested they come to gather more information about the diagnosis.

Another fourth are staff who visit the center in search of information for a particular patient population or a particular patient. The last category is the public, who just stop by to browse with no particular medical need at the moment. The resource center is free and open to the public.

"The majority of our work is helping patients and families with information about illness," Stiklorius points out. "I think it is our setting, because that is what people want to know. They have just gotten their diagnosis, and information is not readily available. Physicians have

Promote to increase resource center traffic

Referral pads and brochures get the word out

A good location is key to a successful resource center, but even with heavy foot traffic, promoting the center is advisable, says **Candace Stiklorius**, MSN, RN, C, coordinator of the patient and family education center at the Hospital of the University of Pennsylvania in Philadelphia. Therefore, all physician offices have been given a referral pad. "If the physician wants us to fax a report back that acknowledges that the patient did arrive and explains the teaching method used, such as video, pamphlet, or handouts, we can," she says.

The resource center also is advertised on the hospital's closed-circuit TV system. "We have talked about creating a video on the resource center which is like a little commercial, but we haven't done that yet," says Stiklorius.

Brochures on the resource center are placed in strategic places, such as surgical waiting rooms. Flyers posted in the hallways also help attract visitors. However, most people who come to the center simply see the sign on the door. "We are in a busy thoroughfare, there is a sign, and the door is open, so a lot of people just come in," says Stiklorius. ■

Filling staffing cracks with volunteers

Clerical work and guest relations a good fit

In the beginning, the doors of the patient and family resource center at the Hospital of the University of Pennsylvania were only open four hours a day, five days a week. "We were testing the waters, and I had other job responsibilities," explains **Candace Stiklorius, MSN, RN, C**, coordinator of the patient and family education center. "It was also a matter of staffing, because we didn't have volunteers at that point."

The hours of the center were from 10 a.m. to noon and 1 p.m. to 3 p.m., because those were the times most visitors came. However, as the demand for longer hours grew, Stiklorius began to actively recruit volunteers to work at the center. The resource center, in its second year of operation, is now open from 8 a.m. to 5 p.m. five days a week, with the aid of five volunteers and Stiklorius devoting most of her time to the center.

Yet, even with the volunteers, staffing is difficult because volunteers do not have to show up for a specific shift and they also work the

hours that best suit their schedules. For example, some of the volunteers work two hours. Therefore, if there are no volunteers working and Stiklorius is called away, she must put a sign on the door.

Although volunteers can do many tasks that help with the daily operation of a resource center, they can't answer medical questions. To remedy this problem, Stiklorius wears a pager so volunteers can contact her if they need help when she is away from the site. If she is off campus, she has a colleague from staff development available. It's important to have staff with medical training available, because visitors often come to the center after they have been given a bad diagnosis and they are upset, she explains.

Volunteers are trained to help visitors find the information they are seeking. In addition to this duty, they help keep the books and other materials in the library straight, do some clerical work, and fill orders for print materials from inpatient units. The storage room at the resource center is used to stock educational pamphlets and instruction sheets used to teach patients at the hospital and in some of the outpatient clinics.

"I am not covered with volunteers at all times, but I am working on it," says Stiklorius. ■

limited time for explaining and discussing all the ramifications."

Funding for the center coincided nicely with the allocation of space. About the same time the hospital administrators began designing a new entrance, a group of people in the financial department put together a golf tournament for raising funds. They weren't quite sure what to do with the money, so the nurses on the fundraising committee suggested that they give the proceeds to patient education — an area always short of funds.

The group agreed, and the tournament has raised between \$20,000 and \$30,000 for patient education over the past five years. Some of those funds were used to purchase the books, computers, software, and supplies for the learning center when it opened two years ago. The coordinator's salary is paid by the hospital. **(To learn how the center meets staffing needs, see article, above.)**

Although space is limited, available funds have been used wisely to stock the center. Amid the wooden bookshelves are four chairs and a small

couch so people can read materials comfortably. The shelves are stocked with pamphlets, health newsletters from other academic centers, and health resource books written for lay people. There are also a few models, such as a heart and a hip. The center is designed for browsing, and people cannot check out the books or take pamphlets.

To the left of the room are two booth-type spaces used by volunteers. To the right of the center in the corridor are two additional booths equipped with computers that have access to the Internet and CD-ROM capabilities. The booths, which hold two people comfortably, also have television/VCR equipment. The center has about 15 educational CD-ROMs on such topics as breast cancer and childbirth.

There also is a television/VCR in the sitting room area of the center, but it is used primarily to play the hospital's relaxation channel that broadcasts soft music and pretty pictures. "I can put a particular health-related video into this VCR if I need to," says Stiklorius.

A small conference room down the corridor with a dividing curtain and a soundproof door is usually used for presurgery and smoking cessation classes, but is available for Stiklorius to have a discussion with someone or to have a family view a video in private.

The original 1982 plans for the center called for a patient and staff learning lab, but over the years the plans evolved into a patient education center.

Printer is kept in a storage room

Although there are five computers at the center — two used by volunteers, one in the office, and two in the booths set up for visitors — there is only one printer, located in the storage room. The public computers are not hooked up to the printer.

“I tell people if they come up with something they want, they can write down the Web site address and I will go on the other computers and print it. In that way, we have some sort of screening process,” says Stiklorius.

In addition to monitoring printouts, disclaimer signs are posted at the center, and all materials given out are stamped with a disclaimer that tells the visitor to take the material back to his or her physician to discuss it.

Materials handed out to patients usually come from computer printouts from Web sites or software programs that are not copyrighted. Staff are encouraged not to make copies from pages in the books. Similar information often can be obtained on the Web or from a software program, says Stiklorius.

While most patients come to the center for information, they find much more. “We have music and a calm atmosphere that gives visitors the ability to cope with whatever is going on. That is one of the things we offer which is a little bit beyond and above information,” says Stiklorius. ■

SOURCES

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Staff come together on joint unit to teach

Teaching integral part of interdisciplinary team

Education is an integral part of an orthopedic patient’s hospital stay when he or she is on the total joint replacement unit at Arlington (VA) Hospital. It’s an ongoing process, and much of routine care is considered an opportunity for a lesson. For example, when the nurses help patients transfer from the bed to a chair, they explain the steps each time they do it so patients will remember the correct way once they are discharged.

“By post-op day two, we encourage the patient to get up out of bed instead of using a bed pan every single time they need to go to the bathroom. It is more opportunity to educate because they practice getting in and out of bed over and over and over,” says **Therese Frank**, BSN, RN, head nurse for the total joint replacement center at Arlington, which opened in July 1999.

Benefits of education varied

To make sure nurses have the time to teach, the unit has eight beds dedicated to elective joint replacement surgery and a four-to-one patient-to-nurse ratio. However, it isn’t just time that makes teaching more favorable. It’s also the fact that there is only one patient type. On the regular orthopedic surgical floor, nurses have several types of patients to teach, such as those who have a fractured hip. The focus at the center is total joint replacement, explains Frank.

A third factor favorable to education is the preliminary teaching that takes place. Patients have the option of attending a seminar that is held the first Thursday of each month at 2:30 p.m. This hour-long session is taught by nursing staff, a physical and occupational therapist, and a social worker. **(For details on the teaching that takes place at the presurgery seminar, see article, p. 129.)**

Patients also have access to an interactive, touch-screen computer program that provides information about their joint replacement surgery. The program, Orthopedic Shared Choice System by Evanston, IL-based InLight, is available to use when patients come to the hospital for pre-op screening. **(For more information on the**

Patients learn about joint replacement process

Going back to school

Each week, **Therese Frank**, BSN, RN, head nurse for the Total Joint Replacement Center at Arlington (VA) Hospital, reviews the operating room (OR) schedule to determine which patients are having joint replacement surgery. These patients are contacted so they can enroll in the presurgery seminar that takes place the first Thursday of each month. Because surgeries are scheduled six weeks in advance, most patients are enrolled two to four weeks prior to surgery.

"A lot of what we teach in this class, we used to teach one-on-one in pre-op screening. We decided we could be more time-effective if we did several people at once," says Frank. Those who cannot come to the class are still taught in pre-op screening.

The seminar is taught by five people, each taking about 10 to 15 minutes, and is taught in order of educational need. The first to teach is the pre-op nurse, who discusses what paperwork and information patients need to bring to the pre-op screening, including insurance forms and a list of medications they currently take. They also learn about the lab work they will undergo, the interviews they will have with a nurse and anesthesiologist, and information on what to expect on the day of surgery.

Frank teaches next, covering four areas of information. She discusses how rehabilitation is begun promptly by getting the patient out of bed the first day after surgery, and she provides exercises patients can do in bed. She also discusses pain management including medications, distraction methods, ice packs, repositioning, and relaxation exercises. The third component of her teaching is care of the wound, and the fourth component is exercises that will reduce the risk for infection or blood clots.

Physical therapy and preoperative therapy teach exercises patients can do before surgery, as well as what kinds of rehabilitation activities will take place following the joint replacement.

The design of the Joint Replacement Center includes a gym and an occupational kitchen. Patients become more independent because they walk from their room to the gym, explains Frank. In the kitchen, they are able to evaluate their needs for a safe home. If they have trouble reaching pots and pans on the bottom shelf and their kitchen at home is arranged the same way, they are prompted to consider moving the equipment.

Social work teaches what to expect for discharge planning. This is the shortest portion of the teaching, because it is difficult to tell before surgery if the patient will need extended care. "We individualize the teaching when they arrive on the hospital floor. At that time, we will know if they need extra help with one or another issue we can focus on. However, preoperatively, the teaching is generalized," says Frank. ■

computer system, see source list at the end of this article.)

The important elements of the computer program also were transferred to a videotape that patients can take home and view with their families. They are given the tape when they come to the seminar. "In that way, they are not constricted with time. They can rewind the tape to view portions they want to see repeatedly or fast-forward it through parts they don't feel they need to see again," says Frank.

A second reason for creating a videotape was the fact that most patients having hip or knee joint replacement surgery are over 65 years old. This age group is not always computer-literate.

The education that takes place before patients enter the hospital reduces anxiety and fear and

incorporates patients as key players in their recovery. "We want patients to be part of our team, and the only way to make them part of our team is to teach them what they can do for themselves and what we will be doing for them, so we can all work together and be on the same page," explains Frank.

Before the classes began, for example, patients didn't know they would get out of bed the first day following surgery. As a result, they were very resistant and needed a lot of reassurance from the nurse before they would participate. Now that they obtain this information in the class, they have plenty of time to prepare mentally and are better able to learn, says Frank.

While nursing educates the joint replacement patients from pre-op through discharge, teaching

SOURCES

For more information on education at the Total Joint Replacement Center at Arlington Hospital, contact:

- **Therese Frank**, BSN, RN, Head Nurse, Total Joint Replacement Center, West Floor, Arlington Hospital, 1701 North George Mason Drive, Arlington, VA 22205. Telephone: (703) 558-6481. Fax: (703) 558-5317.
- **InLight Inform Orthopedics** is an interactive multimedia kiosk. Information on the system includes basic anatomy, medical condition descriptions, procedural introductions, and lifestyle information. The company also sells a cardiology kiosk. For more information on the system and cost estimates, contact: InLight Interactive Inc., 1603 Orrington Ave., Suite 1550, Evanston, IL 60201. Telephone: (847) 475-3700. Fax: (847) 475-3720. E-mail: info@inlightinc.com. Web site: www.inlightinteractive.com.

is an interdisciplinary affair. The physical therapist sees the patient the first day after surgery and continues to work with him or her throughout the entire hospital stay. The occupational therapist sees the patient the second day following surgery and has two or three follow-up visits. The social worker helps the patient learn about discharge options.

All disciplines follow a critical pathway to ensure that patient education is completed in an appropriate time frame. It is up to the nurse on duty each day to check the care pathway to make sure all disciplines completed their teaching. Education is documented on a computerized interdisciplinary patient record.

To help promote patient readiness for learning, physical therapy gives nursing a list of scheduled patient therapy sessions. In that way, nursing can give pain medication to the patients in a timely manner so they are ready for their physical therapy. For best results, pain medication must be balanced, with enough provided for pain control without making the patient too drowsy to learn.

In addition to pain, other barriers to education on the joint replacement unit are anxiety, not being

able to speak fluent English, or hearing problems. "The biggest barrier is anxiety," says Frank. "So we make sure patients are ready to learn by keeping them calm and relaxed. We use family members to help reduce anxiety. Sometimes having people you know and care about nearby reduces anxiety."

Family members not only are used to foster good education, they are encouraged to take part in the educational sessions. If a family member plans to visit the hospital during his or her lunch break, nurses wait to teach the patient or review the information again with the family members when they arrive at the hospital.

The special unit for joint replacement surgery patients was created at the prompting of a few orthopedic physicians who thought a specialized floor would result in better patient outcomes. "It allows us more time to meet the specific needs of the total joint replacement patients," says Frank. ■

Teach patients how to tell fact from fiction

Creating wise Web users

Telephones and television once were novelties, but now almost everyone — rich or poor — has these communication and information tools in their homes. It will soon be the same for Internet access, contends **Leah Kinnaird**, EdD, RN, a consultant with Creative Healthcare Management in Minneapolis.

Health care facilities must determine their position on this onslaught of data patients will pull from the Internet and bring to their physician visit. Like it or not, the Internet will shape many patients' health care decisions and transform how patients and practitioners work together, says Kinnaird.

COMING IN FUTURE MONTHS

■ Creating behavior changes through follow-up telephone calls

■ Effectively addressing suffering for the dying patient

■ Outreach strategies curb domestic violence

■ Tweaking patient education to comply with JCAHO standards

■ Assessment tools to improve methods of evaluating patient education

What should the role of the educator be? That depends on the policy of the health care organization. Many promote Internet research by making the tool available in resource centers. If the purpose of the resource center is to give people access to large amounts of information so they have the knowledge to make well-informed decisions, then the role of educators must be to teach them how to evaluate that information and use it responsibly, says Kinnaird. Ultimately, consumers need tools to use when searching for health information on their own.

In a presentation during the September 1999 conference titled *Managing the Millennium: Moving Organizations Through Education and Innovation*, sponsored by the Philadelphia-based Health Care Education Association, Kinnaird provided suggestions for educating patients on Internet use. The information she presented was developed to aid consumers in the Health Resource Center at Baptist Health Systems of South Florida, where Kinnaird formerly worked.

Following are a few of the educational tips Kinnaird suggests educators provide for consumers at their resource center or for those who use the Internet at home:

- Avoid using information from the Internet or any on-line service to diagnose or treat a health problem or disease without first consulting with your doctor.
- When looking for health care facts, go to Web sites that provide up-to-date, accurate, and reliable information. Reputable Web sites usually include those published by government agencies, well-known hospitals, medical centers, health advocacy groups, and organizations such as the American Heart Association in Dallas.
- Make sure you can verify who stands behind the information. Check that the authors and any contributors to a Web site post their names and credentials.
- Look to see if references and sources related to the content of the Web site are posted.
- Health care information should be up to date. If the material is several years old, it may no longer apply. Medications are continuously being developed, so it is important to check the date on which medication sites were updated. Patients should never change their medication routine without first discussing it with their doctor.
- Be wary of unsubstantiated claims made by a Web site or the use of testimonials from patients as if they were scientific evidence.

SOURCES

For more information on educating patients on the use of the Internet, contact:

- **Leah Kinnaird**, EdD, RN, consultant, Creative Healthcare Management, Minneapolis. Telephone: (800) 728-7766.

For more information on evaluating health information on the Internet:

- Go to www.healthfinder.gov on the World Wide Web and click on "on-line health information," or go to www.msnbc.com/news/161811.asp.

- Be wary of Web sites that have a marketing agenda and promote the sale of their own products and services.
- Be wary of Web sites that strongly emphasize one treatment plan over another.
- Be wary of health care professionals who claim they can diagnose and treat a medical condition on-line. ■

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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. ■

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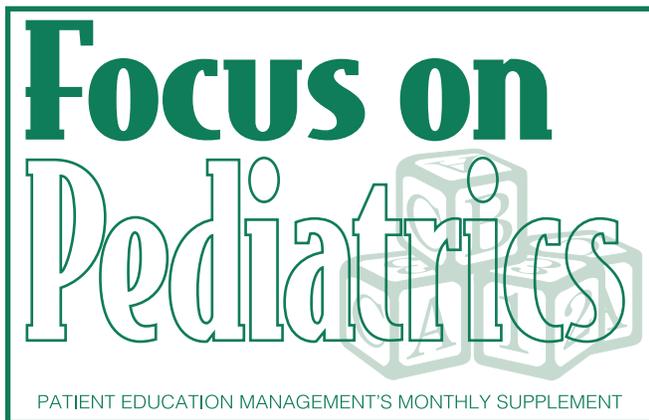
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PS Form 3526, September 1999 (Reverse)



Relationship strengthens kids safety message

Safe T. Tiger mascot sets good example for kids

Letters from parents enthusiastically support the Safe T. Tiger program implemented by Denver-based Colorado Access in December 1996. Children who shrug off advice on sound safety practices, like wearing a bicycle helmet, often embrace the idea when they find out it is something Safe T. Tiger wants them to do.

"We get a lot of feedback from parents telling us that this program is really successful at enforcing good safety behavior with their children," says **Heather Vajda**, MS, public relations manager for Colorado Access, an HMO that serves the Medicaid population.

One of the reasons for the program's success is that Safe T. Tiger is real to the children. As with other mascots, children perceive the character as a friend. Also, they can have an interactive relationship with Safe T. Tiger because he visits clinics, goes on hospital rounds, and makes appearances at public events.

The program has four components. They are:
1. Health Education Club.

When a family enrolls in Colorado Access children age 12 and under can become a member of the Health Education Club. They fill out a membership form and send it in, and Safe T. Tiger mails them a membership certificate and kit that contains interactive games and puzzles with a health and safety theme.

Children learn about the club through the HMO's newsletter, brochures at clinics, and infrequently through a mass mailing. "The children voluntarily sign up for membership. We want the kids who voluntarily choose to be active and are interested," says Vajda.

2. Tiger Rounds.

Safe T. Tiger goes to the hospital to visit with sick children. "The idea behind this is to give the children and their parents a few minutes out of the day when they are not getting poked with needles or they are not being taken someplace for an exam. It is something to brighten their day," explains **Lori Thompson**, MSW, community relations manager for Colorado Access.

3. Safe T. Tiger Hotline.

Children can call a hotline and listen to a safety message from Safe T. Tiger in either Spanish or English. The message, which might focus on wearing a seat belt or wearing sunscreen, is changed once a month. Every time Safe T. Tiger makes a public appearance, he passes out cards with the hotline number.

4. Community Ambassador.

Safe T. Tiger acts as a community ambassador by attending public functions such as health fairs and performing in short skits at schools. Currently, the skit promotes tolerance, explaining that everyone is special even if they wear hand-me-down clothes or glasses. To deliver the message, Safe T. Tiger interacts with a "friend" on stage.

Choose mascot with care

A program focusing on safety seemed a logical choice for Colorado Access, because injury is the No. 1 cause of health care problems for kids, according to Vajda. Yet, choosing a mascot to promote the theme of the program is not as easy as it looks. A mascot that seems friendly to an adult might frighten small children. Also, some animals might symbolize something bad in another culture, such as death.

"Look for some mascot expertise within your community and talk to them," advises Thompson. "Also, do some research on the mascot itself. You don't want to pull an animal or other idea for a mascot out of the air." Local teams such as baseball or basketball often have mascots that committee members working on such a project can talk with.

A mascot-based program will need a strong base of volunteers as well. Colorado Access has

SOURCES

For more information on Safe T. Tiger, contact:

- **Heather Vajda**, MS, public relations manager, Colorado Access, P.O. Box 24008, Denver, CO 80222. Telephone: (800) 511-5010. Fax: (303) 320-5358.

employees that volunteer to be the mascot or help support the mascot. Safe T. Tiger does not speak, but has a friend interpret.

The mascot also must learn how to communicate in costume. "Mascots can't rely on facial expressions, so they need to communicate their message by using their body without their voice or face," says Thompson. A mascot or a professional clown can help with the training. ■

Program helps kids get physical, eat well

Preschool perfect time to teach healthy eating

The statistics are alarming: North Carolina youth are two to three times more likely to be obese than other youth across the nation, according to a study at the University of North Carolina in Chapel Hill.

A fitness study of North Carolina children and youth found that North Carolina children grades K-12 are less flexible, have poorer cardiovascular fitness, and have a higher percentage of body fat than youth nationally.

To remedy the situation, Durham-based Blue Cross and Blue Shield of North Carolina joined with the state's top leaders on health and fitness to create Be Active Kids, an interactive nutrition and physical fitness campaign for preschool children.

Preschool-age children were selected because a literature search showed that children begin to develop their attitudes and behaviors at that age. Also, North Carolina has more working mothers than any other state, so the program would reach a high percentage of the children if it were created for day care centers.

"We had a vision, and then we took the facts and let them guide our program development. That is what really geared us to the preschool-age child," says **Kathy Higgins**, MS, senior director of community relations for the HMO.

Once the target population was selected, the group developing the program began to look at the learning environment of the day care center. They examined how children learned.

To meet the needs of the teachers and the school layout, a Be Active Kids Kit was created with all the materials held in an acrylic tub so it could be kept on a shelf for ease of access and storage. The

tub holds 16 lesson plans that fit the curriculums of child care centers.

For example, if children are studying the weather, the teacher could use felt characters from the kit on the school's felt board and have the children create a story about an activity outside. The children would decide what kind of weather they need to do the activity, and they could incorporate nutrition into the lesson by discussing what kind of healthy snack to eat.

"We wanted to incorporate the activities of the child center into the Be Active Kids program. We didn't want to stop for a 15-minute lesson on nutrition or physical activity," says Higgins.

Flash cards showing raw foods and what they look like when they are prepared were created for the kit because children in North Carolina have difficulty distinguishing between raw fruits and the canned variety.

Program implementation is very simple. Preschool teachers receive a Be Active Kids Kit free of charge once they go through a three-hour training session. Instructors show the teachers how to use the materials in the kit and have them teach a lesson. Everything needed for the lesson is readily available in the classroom, so teachers don't have to purchase any extra supplies. The kit has a food pyramid and posters to aid in the teaching.

A parent newsletter also is a part of the kit. This helps teachers get parents involved in helping the children learn good eating habits.

A group of subject experts on nutrition, physical activity, and early child development reviewed the curriculum before the kit was completed. Child care center teachers peer-reviewed the curriculum as well, and it was pilot-tested.

In addition to Blue Cross and Blue Shield, the North Carolina Governor's Council on Physical Fitness and Health, the North Carolina Cooperative Extension Service, the North Carolina Nutrition Network, and the North Carolina Health and Fitness Foundation, all based in Raleigh, participated in the development of Be Active Kids. ■

SOURCES

For more information on Be Active Kids, contact:

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