Patient Education Management™

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

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IN THIS ISSUE

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Skills for patient education managers continue to evolve; role gains respect

As health care changes, so does the role of patient educator

As health care changes, the skills needed to effectively manage patient education change as well. Those who have been in the position of patient education manager or coordinator for a while have found that the job has evolved over time. While the skills they needed when they entered the job still are pertinent, now many more are required.

Patient education has gained respect over the years. Before the Oakbrook Terrace, IL-based Joint Commission on Accreditation of Healthcare Organizations (JCAHO) introduced a separate chapter for patient education standards, many viewed patient education as fluff, recalls **Annette Mercurio**, MPH, CHES, manager of patient, family, and community education at City of Hope National Medical Center in Duarte, CA.

"When at the University of Virginia, before the Joint Commission chapter on patient education, I spent so much time trying to justify patient education. Over and over again, I heard people refer to it as fluff. There

EXECUTIVE SUMMARY

The job description many patient education managers had when they entered the field has changed radically over time. That is because patient education continues to evolve. Once managers distributed hard copies of brochures and pamphlets, and now much of the distribution is completed on-line. Once the focus was on inpatient education; now it is across the continuum of care. In this issue of *Patient Education Management*, we discuss the skills required for patient education managers and how they have changed. In an accompanying article, we look into the future to see what skills might be needed and the ways these skills might be acquired.

has been such an evolution in terms of the recognition within hospitals, the contributions, and integral role of patient education I don't have to spend much energy justifying it anymore," she says.

Health care institutions have recognized a direct link between patient satisfaction and patient education. Surveys have shown that involvement in care decisions and understanding tests and treatments improve satisfaction and both relate to patient education, says Mercurio.

The position of patient education coordinator that **Mary Szczepanik**, MS, BSN, RN, manager of cancer education, support, and outreach at OhioHealth Cancer Services in Columbus, originally had was created to improve patient teaching. However, it soon became a job to help the organization provide a higher standard of care. What brought this about was the shortened length of stay and the nursing shortage, she explains.

Nurses had less time to teach because patients were in the hospital for a shorter time. Complicating the issue was the fact that patients were much sicker, making it difficult for them to learn. Also, there were fewer nurses to do the teaching.

Therefore, patient education managers had to find the most efficient way to provide education determining what needed to be taught in the hospital and what patients might learn in other settings. Education needed to be standardized as well so that materials were consistent across settings to prevent the patient from becoming confused. Documentation of education was key as well to track what the patient had been taught, says Szczepanik.

In the beginning . . .

When **Carol Maller**, MS, RN, CHES, diabetes project coordinator for Southwestern Indian Polytechnic Institute in Albuquerque, NM, looks back at her position of patient education coordinator at the New Mexico Veterans Affairs (VA) Health Care System from which she retired in 2002, it is easy to see that it evolved from very simple beginnings.

Her career began when she was identified by administration as someone who was good at patient teaching and was asked to chair a nursing committee designed to help other nurses improve their teaching. As the accomplishments of that committee were recognized, the emphasis became multidisciplinary and the principles for good teaching went hospitalwide.

Gaps in patient education became obvious to Maller while she was working as a nurse in the emergency department (ED). Most patients could have avoided the trip to the hospital if they had understood how to take their medicines or if they had been more aware of signs that signaled a health problem.

To improve education, multidisciplinary classes were implemented for such frequent diagnoses as diabetes. And as the need for these group classes grew, so did the need for someone to coordinate them. Maller was given that oversight responsibility.

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"The job of patient education coordinator was to coordinate teaching so that classes were not only scheduled, but the right disciplines were involved in the teaching. I actually continued to do some teaching, but the role got smaller and smaller," she says.

To do her job well, Maller needed to be able to identify people in various disciplines, such as the pharmacy and the dietary department, who were patient advocates and therefore would want to teach. She also had to develop interpersonal skills to interact with people at higher administrative levels. To have a pharmacist teach in a diabetes class, permission had to come from the top. These skills were learned by trial and error, says Maller. **(To learn ways to develop skills needed for patient education management and what skills may be needed in the future, see article on p. 4.)**

Mercurio had a master's degree in public health when she entered her first job in patient education management, and this training equipped her with many of the skills that she needed. She also had acquired some management skills and budget development know-how from courses.

Evolution of skills

Skills Mercurio had to hone while in her position or develop included supervision, materials development, and team facilitation.

"Team facilitation is a key part of a patient education manager's role and I didn't have a lot of experience in facilitating teams going into my first job. This skill is still a key part of my role," she says.

To aid in materials development, Mercurio also had to learn about health literacy. She did this by reading the latest research and attending classes.

The initial skills Szczepanik needed when she was hired to coordinate patient education included the ability to assess the current state of patient education. She also needed an understanding of adult education principles, organizational skills, project management skills, writing skills, and to be able to communicate effectively. Knowing where the points of care were within an organization and the appropriate contacts were essential as well.

Magdalyn Patyk, MS, RN, BC, patient education consultant at Northwestern Memorial Hospital in Chicago, needed to have good written and verbal communication skills when first hired for her position in patient education management. The major focus of her job responsibilities was on written brochures and content for the closed circuit television system at the health care facility.

Not long after entering a job in patient education management, most managers discover that new skills are needed to do their job effectively. For example, the written brochures that Patyk helped create now are kept in an on-line database and accessed via the intranet or Internet. As the institution moved closer to a paperless system, she had to develop technology skills and did so by attending nursing informatics conferences and networking with internal and external resource people.

Computer technology had a significant impact on patient education management. It has provided managers with the tools they need to collect data for more effective outcomes measurement, to show quality improvement, and to communicate more effectively. "It became critical to be able to track the exchange of information and track data as well as to make sense of the data because one chart or graph is worth a thousand words," says Maller.

In a time when institutions are cutting costs, patient education managers must be able to show the value of patient education interventions with data proving there are fewer trips to the ED or that patients don't have to remain in the hospital as long following surgery.

SOURCES

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However, technology also has increased a patient education manager's workload because he or she must sort through all the information. There is an avalanche of information every day, not only through journal articles but also the in media, e-mails, listservs, and the Internet.

"Organizational skills are more critical than ever because you have to organize the information otherwise you become bombarded," notes Maller.

For example, a shortcut she learned for e-mail management is to create a folder for all e-mails she receives when out of the office on a business trip or while on vacation. In this way, Maller can sort through them as time allows, and she has a fresh start the first day back to the office.

It's about time

Time management skills are vital in the job of patient education managers today, she notes. That is why she made everything she did while in the job of patient education coordinator count twice. For example, when she developed an exercise to prepare staff for a JCAHO visit or if she developed a poster presentation, she would use the information to write a journal article.

This helped Maller become more articulate as well, which is a skill needed when interacting with people in administrative positions. It also showed that she had expertise in patient education and helped to prove her value to the organization.

To better manage time, she also selected projects with care, finding that it was better to do a few jobs well then to try to do lots of things but not have enough time to do a good job. "If everything I did was done well, then everything seemed to lead to a path of excellence and I got better and better," says Maller. For example, each time she presented at a conference, she would get ideas from other presenters and from those attending the session that pushed her to another level.

The ability to conduct performance improvement initiatives also is a job skill that has become important in recent years, says Mercurio. She has had to learn about performance improvement methods and tools.

In addition, patient education managers must understand that they are part of the leadership of an organization. Therefore, some of their work may be outside the realm of patient education and focused more on organizational needs, says Mercurio. ■

Management skills for future needs

Emphasis on cost-benefit analysis of patient teaching

Although most patient education managers do not have a crystal ball in which to look into the future, by keeping abreast of trends, they can predict what new job skills are on the horizon. In fact, the need for some of these skills now is developing.

There will be more emphasis on measuring outcomes, on cost-benefit analyses of patient teaching, and community education with the emphasis on prevention and early detection, says **Mary Szczepanik**, MS, BSN, RN, manager of cancer education, support, and outreach at OhioHealth Cancer Services in Columbus.

Although she informally has been involved in process improvement initiatives for about 15 years there is more emphasis placed on developing skills in this area too. Szczepanik has undergone training at her health care facility to improve her understanding of process improvement and currently oversees three process improvement teams at three hospital sites working on symptom management for cancer patients. The teams gather data from patients, staff, and medical records to determine what symptoms are problematic, what is currently being done to manage them, and how the health care organization can improve.

There are many different models for process improvement; therefore, patient education managers need to determine which model their health care facility is using before taking a class or looking for information. The organization often will provide training.

Although computer skills now are part of the job requirements for patient education managers it also is important that they keep abreast of technological advances, reports **Magdalyn Patyk**, MS, RN, BC, patient education consultant at Northwestern Memorial Hospital in Chicago.

She currently is investigating document management systems so revisions on a patient education brochure will automatically transfer to the copy on the intranet and Internet, as well as to the vendor who prints the hard copies.

Also, Patyk is uncovering more databases online with good handouts that she can use. For example, she is not developing as many medication instructions because there are excellent

sheets available on-line.

New ways to communicate with patients over secured web sites will provide new opportunities for patient education managers as well, says Patyk. "We are working on multiple models for delivery of patient education pieces and looking at various systems for that," she says.

To stay abreast of technology, **Carol Maller**, MS, RN, CHES, diabetes project coordinator for Southwestern Indian Polytechnic Institute in Albuquerque, NM, advises patient education managers to take as many computer classes as their organization offers. "You have to have the mindset that you will use the skills you learn in the class and then see how they might apply to your job after the class. If you sit back and wait until you see how it applies, it is too late," she explains.

Annette Mercurio, MPH, CHES, manager of patient, family, and community education at City of Hope National Medical Center in Duarte, CA, sees patient- and family-centered care becoming more important. With that comes the development of patient and family advisory councils to assist in the development of educational materials and programs to ensure they are family centered. **(To learn more about the patient- and family-centered approach, see the cover article of the November 2003 issue of *Patient Education Management*.)**

Cultural diversity and language barriers are impacting patient education more often because these issues directly impact the education of a patient or the planning of an educational program, says Szczepanik.

She has found that the professional groups to which she belongs offer the best education on cultural issues, because health care professionals who work with certain patient populations often are present at the meetings.

Other good ways of keeping abreast of cultural diversity issues and other trends impacting patient education is to read. "The first thing I do when I read an article is look at the bibliography to see if there are any other articles that I think would help me," says Szczepanik. ■

Conference themes emerge during networking sessions

Participants want new information

People attend conferences for many reasons. Some come because they like the topics that will be covered, sometimes it is the location; others are attracted by a particular speaker or by the fact that the health care agency or company has a reputation for putting on a quality conference.

"Sometimes, people just want a day for a conference and it is a topic they can use, a good organization, and a reasonable distance. So there are a lot of different aspects that drive people to conferences," says **Zeena Engelke**, RN, MS, patient education manager for the University of Wisconsin Hospital and Clinics in Madison.

Whatever draws them, people won't label the conference worthwhile unless they walk away with information they did not have before they came that will improve their ability to do their job well. To make sure a conference is valuable, it's important to select timely topics and find speakers who can address them.

Ideas for topics come from a variety of sources. When putting together nursing education conferences for her health care institution, **Virginia Lundquist**, RN, MS, staff development director for Willamette Falls Hospital in Oregon City, OR, has conducted educational needs assessments, looked at quality improvement or process improvement reports to identify needs based on incidents or patient complaints, and looked to see what competencies needed to be improved.

"Those are pretty standard ways to identify topics in acute-care hospitals," she says.

Topics for a regional conference sponsored by a networking group for health care educators that Lundquist belongs to were selected in a slightly different manner. Ideas for topics came from the networking portions of the organizations regular meetings.

"As we discuss different projects and types of training that people are doing certain themes will emerge over and over. If several people mention they are having trouble with a particular type of activity or addressing a certain subject, that becomes a heads-up that we need to get more education and training on the topic," says Lundquist.

For example, the experienced educators in the group discussed how shrinking budgets and the impact of managed care was challenging education departments. They expressed a need for being able to communicate to their administrators the effectiveness of their training. As a result of this conversation, members of the conference planning committee sent out e-mails to other educators and people in the business community

asking for speakers who worked on projects that measured the value of education.

The committee found a speaker who had developed a system for presenting these measurements. "It worked well for both of us because she needed to bounce her model off people who needed to use it, and we were looking for new ideas, so it was a mutual benefit," says Lindquist.

Brainstorming helpful

Selecting an advisory committee is a good first step to planning a conference, says **Sandra Cornett**, PhD, RN, director of the OSU/AHEC Health Literacy Program in Office of Health Sciences at The Ohio State University in Columbus.

In this way, committee members first can brainstorm a theme and then pick topics in subcategories that complement the theme. While planning the national conference for the Philadelphia-based Health Care Education Association (HCEA) conference, which was held in Washington, DC, in 2003, the committee selected "Strengthening the Nation" as the theme. Subcategories included technology/innovations, regulatory/accreditation issues, leadership/management strategies, disparities in health care, training modalities, and research. **(To learn how to tailor the topic selections to the audience, see article on p. 7.)**

To find speakers to address the topics, committee members did a call for abstracts, sending the list of subcategories and the theme to all members of the organization and others when appropriate asking if they would like to submit an idea for an intensive workshop, concurrent session, or poster presentation. The panel found the keynote speaker itself. **(For information on how to choose the right speakers once a list has been compiled, see article on p. 7.)**

The committee members discussed possible keynote speakers among themselves and decided on an expert in cultural diversity. Another way to find a keynote speaker is to post a notice on a health care education listserv or contact an appropriate organization, says Cornett. HCEA is in the process of creating a database for members only that lists members' area of expertise, their speaking fee, and the topics they cover.

Hot topics, as well as those who have expertise in these topics, also can be uncovered by monitoring a listserv in the field of education, notes says. A third way to uncover speakers as well as hot topics is by reading articles and journals.

SOURCES

For more information about uncovering timely topics for educational conferences and speakers to address them, contact:

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- **Virginia Lundquist**, RN, MS, Staff Development Director, Willamette Falls Hospital, Oregon City, OR. E-mail: Virginia.lundquist@wfhonline.org.

Patient Education Management provides ideas for topics of interest to people in the field and provides a list of experts quoted in the article, therefore being a valuable resource for uncovering conference topics and speakers, says Cornett.

Engelke makes the hospitalwide conference she organizes more of a continuing education affair. While she usually brings in a speaker to address a national trend she also solicits speakers from within her organization.

"Most organizations have certain jewels that are really good speakers or they have projects and practices that others are interested in. If the topic hasn't been shared within the organization the conference is a good time to share the information," she notes.

For example, the University of Wisconsin Hospital and Clinics has a good interpreter services department. Therefore, Engelke asked the coordinator to give practical tips for using an interpreter within a clinical setting.

She also invited presenters from the rehabilitation and diabetes areas to show devices that make self-care easier and help with patient education.

While there is no magic formula for determining appropriate topics for a conference and finding speakers to address them better results are achieved if a systematic method is used, says Cornett. "It's important to know ahead of time what you want to do," she says. That is why she likes to choose a theme, then topics that support the theme. From this point, she goes to a listserv and the literature to look for experts on the topics. Word of mouth and a call for abstracts also is a good way to uncover the speakers, she adds. ■

Conference topics often too generic

Carefully consider audiences when planning

The topic of health care education often is too generic for a conference; therefore, it is wise to define the audience and tailor the conference to this professional mix, the experts say.

The national conference for the Philadelphia-based Health Care Education Association (HCEA) is designed to attract people in the field of patient, staff, and community education. As a result, topics are selected to meet the needs of health care professionals in each of these fields.

"In addition, we subdivide the session into novice, intermediate, and advanced so it gives the person choosing an idea on what focus the speaker will take," says **Sandra Cornett**, PhD, RN, director, OSU/AHEC Health Literacy Program, Office of Health Sciences The Ohio State University in Columbus, and a member of the HCEA conference planning committee.

A short description of each session also was included in the conference brochure so that people considering attending would see that it was time well spent. Once at the conference, those attending could make informed decisions about each session based on information in their conference binder, which included the objectives of each conference workshop.

A keynote speaker followed by several concurrent sessions helps conference topics better fit the needs of a wider audience as well. "It's nice to give people an option; you get more variety that way," says Cornett.

When planning a regional conference for a networking group in Oregon and southern Washington, the committee tried to select topics that would appeal to a variety of educators because of its diversity of membership. Within the networking group are professionals in staff development, patient education, community education, agencies, public health, clinical practice settings, and university education programs.

"One of the objectives in planning our most recent conference was to have at least one breakout session that addressed the different settings at which educators worked or that would reach across those settings," says **Virginia Lundquist**, RN, MS, staff development director for Willamette Falls Hospital in Oregon City, OR.

One of the topics that the committee chose to cross health care settings was health literacy and how to evaluate written materials and produce materials for patients and staff that are understandable.

To keep from being too generic, it sometimes is helpful to pull in speakers from specialty areas such as diabetes, says **Zeena Engelke**, RN, MS, patient education manager for the University of Wisconsin Hospital and Clinics in Madison.

However, it is a fine balance from being too general to being too specialized, she notes.

"If you want to pull in the people who are doing the teaching, you have to look at the driving force that would bring them to the conference. It isn't how to write materials as much as the actual patient and family education," Engelke says. ■

Make speaker selection an informed decision

Create criteria or ask for recommendations

Once topics are in place for a conference and speakers with expertise in the areas have been uncovered, planning committees must select which experts to invite to speak.

A call for abstracts works well, says **Sandra Cornett**, PhD, RN, Director, OSU/AHEC Health Literacy Program, Office of Health Sciences, The Ohio State University in Columbus, and a member of the planning committee for the Philadelphia-based Health Care Education Association annual conference.

The committee had 45 abstracts returned for 15 slots for speakers to address the topics it had selected for an intensive workshop and concurrent sessions as well as poster presentations.

To help determine which health care professionals to invite to present, Cornett divided up the abstracts and sent them to committee members for evaluation. She made sure that at least three committee members evaluated each person.

To aid the committee in the evaluation process, a review sheet was created. Abstracts were scored in four areas that included the following:

1. Relevance to conference attendees/HCEA (1 to 10 points). In this area, committee members were asked to check a box to indicate whether the topic was tailored to staff development, patient

education, or community education.

2. Relevance to the focus of the conference (1-10 points). Committee members were asked to check which topic category the speaker planned to address, including regulatory/accreditation issues, training modalities, leadership/management strategies, addressing disparities in health care, technology/innovations, resources, and research.

3. Clearly stated and measurable objectives (1-15 points).

4. Overall quality of submission (1-15 points).

"You can't just send abstracts to a committee and ask them to look at them without giving them criteria," says Cornett.

It is difficult to know the quality of a presenter unless someone on the committee has heard him or her speak. Most people in the field of education at least have been in front of a classroom so have some experience in front of a group, she notes.

When **Virginia Lundquist**, RN, MS, staff development director for Willamette Falls Hospital in Oregon City, OR, helped plan a regional conference, the committee had to determine whether to spend most of its money on a national speaker or get several regional speakers. It decided to provide more selection by having a variety of speakers.

"The benefit of using local speakers is that usually at least three people on the committee had heard them speak. We also had them submit bios to the committee, but the initial contact was based on recommendations from people who had heard them speak," she recalls. ■

Learning center point of pride for educator

Manager reflects on 25 years of change

The patient education program **Nancy Goldstein**, MPH, now manages at Fairview-University Medical Center in Minneapolis, is the program she put in place 25 years ago. However, it's not quite the same program, nor is her job the same.

"My job responsibilities grew as patient education expanded," she notes.

Those duties now include coordinating and maintaining the patient education resources at two hospital campuses that are one mile apart; managing the patient learning center; and developing standards, conducting research and evaluation studies, and integrating new information, trends and regulatory requirements into existing programs and systems. Goldstein also is responsible for developing and monitoring the budget for patient education.

The University campus, at which she originally was employed, merged with the Riverside campus several years ago to form an 1,800-bed medical center. Both are part of the Fairview Health Care System.

Patient education is within the department of nursing, and Goldstein's supervisor is the director of nursing practice, research, and innovation. She oversees 10 employees. They include eight registered nurses who work at the learning center, a facility for one-on-one patient teaching operated seven days a week at the university campus and two days a week at the Riverside campus. Two are program administrative assistants. One assists the Learning Center crew with such administrative duties as scheduling appointments for teaching and the other distributes and maintains more than 1,200 booklets in the patient education resource collection.

Goldstein, who has her undergraduate degree in psychology and a master's degree in public health, was hired to develop and oversee a patient education program a year after graduate school.

In a recent interview with *Patient Education Management*, Goldstein discussed her job, her philosophy on patient education, the challenges she has met, and the skills she has developed that helps her to do her job well. The following are excerpts from the interview:

Question: What is your best success story?

Answer: We set up the Learning Center in December 1987, just about the time we began to notice that patients were being expected to do more of their own care management at home. We would tell them their diagnosis and then hand them tubes, syringes, and things they had never touched before. They were to become experts with a couple of home care visits, yet when staff first learned some of these skills they practiced on models.

The Learning Center is a skills lab for patients similar to those that staff members use to learn new techniques. When patients need to learn such skills as administering antibiotics intravenously or how to care for a trach, they schedule an appointment with a nurse at the Learning

Center. The patients use models to simulate exactly what they will do at home.

Basic diabetes teaching also is covered at the Learning Center as well as education on cancer symptom management for the caregiver. The class on symptom management is tailored to the specific symptoms the caregiver is trying to manage. A lot of referrals to social workers, chaplains, and other resources are made during the teaching session.

Also taught at the Learning Center are group classes for transplant patients. These include an overview of the transplant process before surgery is scheduled and a class on medications before discharge. Transplant patients are taught as a group because research shows that this patient population wants to meet others who are having transplants.

To make sure that the classes at the Learning Center are meeting patients' needs, 10 random phone calls are made to patients each month. If a program is new, all patients are called for the first couple of months to make sure it is working smoothly. The data are complied into a report each month.

Question: What is your strongest area?

Answer: My staff would say I am very organized. Also, I am a good writer, and that has helped me with the development of materials.

Every patient education project begun at Fairview-University Medical Center has a list of clear objectives, target dates for each task that needs to be completed and the name of the person who is accountable. This keeps projects on target, moving forward fairly quickly to the end point.

Question: What lesson did you learn the hard way?

Answer: I have perfectionist tendencies, and over the years I have had to learn to work on that. Everything cannot be textbook perfect. Sometimes you have to move a lot faster then you would like, let go of projects sooner and move on to the next one letting some of the kinks work themselves out. It may not be absolutely perfect, but it is adequate.

Question: What is your weakest link?

Answer: For an institution this size, we still do not have a resource center or library for patients.

Two years ago, an oncology resource center was established, but it was lost when the oncology clinic expanded. It was not producing revenue, so it was let go. On other occasions a resource center has almost become a reality, but always plans have been terminated.

SOURCE

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In this day and age, a library is a needed service because people are so much more involved in making decisions about what they want for their health care. They are active participants, and there is a lot of easy to access information. When the service was available for oncology patients, it was well used.

Questions: What is your vision for patient education for the future?

Answer: Although Fairview-University Medical Center is part of the large Fairview system, we are the only entity that has a patient education program, and I am working to get a systemwide program.

The medical center provides a lot of materials for other hospitals in the Fairview network but can't support the entire system adequately unless a systemwide process is initiated at the corporate level. A systemwide patient education program would be more efficient, cost-effective, and it would provide a better service for all patients.

Question: What have you done differently since your last JCAHO visit?

Answer: We were surveyed in October 2003, and I was very concerned about our documentation but we did just fine. As we get closer to the actual visit our scores on our audits do climb considerably and I will have to remember that trend. We have a good system of patient education, so I don't worry as much about that part it is just the unit documentation that has always been a struggle.

I like the changes in 2004. Following a patient throughout the system to look at the continuity of care and education is good. For example, following a patient from the clinic to the lab for tests to surgery and then to the unit will reveal how the system supports the patient and will show whether or not he or she is prepared for discharge.

Question: When trying to create and implement a new form, patient education materials, or program, where do you go to get information/ideas from which to work?

Answer: About 95% of the time, staff call to say

they have a need. For example, they may be seeing more patients for a particular procedure and they need additional teaching materials.

They are the ones who are the direct caregivers on the unit or in the clinic and are in the best position to identify a need. While most projects come from the direct caregivers who recognize the need and call, there are others that are top-down initiatives.

For example, currently there is a hospital performance improvement project that will combine the two classes for joint replacement patients taught on each campus into one class.

Once a need is recognized, a team of experts in the organization is put together to research the problem and find a solution. Often the members of the team make phone calls to colleagues at other institutions to find out how they have addressed the problem. ■

Teach the wisdom of regular eye exams

Vision month focuses on ways to save sight

Good vision is important throughout a lifetime. That is why the St. Louis-based American Optometric Association (AOA) has designated March as "Save Your Vision Month."

"It is important for children to have good vision because they are learning to read; but as they get older, they are reading to learn," says **Susan Thomas**, AOA public relations manager.

The goal of the national health observance is to educate the public about having regular eye exams from an eye care professional. The AOA recommends that adults ages 18-40 have their eyes checked every two to three years; adults ages 41-60 every two years; and those ages 61 and older have an annual exam.

However, the frequency of eye exams depends on a person's medical and family history. People who have diabetes or a family history of the disease may need annual eye exams. Also, people who have high blood pressure may need to be seen more frequently.

Everyone should know his or her family history and provide that information to the eye care professional doing the exam, says Thomas. This information often will help determine how often a patient needs to be seen and what eye problems the professional might need to watch for.

For example, if a parent or sibling has glaucoma, a person is at a higher risk for the eye disease. This disease is an abnormal condition of high pressure within an eye caused by a blocking of the normal flow of the watery fluid in the space between the cornea and lens of the eye. It can damage the optic nerve.

Approximately 2 million people have been diagnosed with glaucoma, and about 2 million more don't know they have it, Thomas reports. Once a person begins to show symptoms there is already some vision loss. These symptoms might include the gradual loss of side vision, blurred vision, a dull pain in the eye, halos around lights, and blind spots in the center of the field of vision. Regular eye exams will catch the disease early before symptoms occur.

Children also need regular eye exams. The AOA recommends that children have their first eye assessment at 6 months of age, followed by an eye exam when they are 3 years old and one just before a child enters first grade.

"It is a misconception that if a child can't speak or doesn't know their alphabet, an eye doctor can't tell if there is a problem. There is a lot a doctor can tell by looking at a baby's eyes; and for a young child, there are charts that have symbols such as trains and houses," says Thomas.

After entering school, children should have regular eye exams every two years. While schools often schedule vision screenings for students, these basically are for visual acuity and don't catch a lot of eye problems, she notes. It's important to know if children's eyes are working together, if they can track on a page, and if they can see things that are close up.

Preventing vision loss

In addition to regular eye exams, people need to be aware of eye safety measures that can protect their eyes from injury. Around July fourth, fireworks cause many eye injuries — not only to the handler, but also to bystanders watching home fireworks displays.

Anyone involved in a hazardous activity whether in their occupation or in recreational activities needs to use the safety equipment designed specifically for the sport, job, or recreational pursuit.

Good nutrition also is an important element in preventing vision loss. According to the AOA, studies have suggested that six nutrients are

SOURCE

For more information about "Save Your Vision Month," contact:

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associated with maintaining eye health. They include antioxidants lutein, zeaxanthin, beta-carotene, vitamin C, vitamin E, and zinc.

To help patient educators teach patients how to prevent vision loss, educational materials are available on the AOA web site at www.aoa.org. The information can be downloaded and distributed to consumers either as handouts or included in newsletters, says Thomas.

As "Save Your Vision Month" approaches, a press kit is created and all inserts also are placed on the web site for easy access and use, she says.

Through health observances and other educational activities, the message about the importance of scheduling regular eye exams seems to be getting out to the public. In a consumer survey conducted in 2000, only 6% of those participating said that they had an eye exam every four or more years. About 28% indicated that they saw their eye care professional every two to three years, and about 51% had an annual eye exam.

"When people have regular eye exams and provide their eye care professional with their family history they have a leg up on prevention or early detection of some eye diseases," says Thomas.

[Editor's note: If you have tailored community education to health observance months, weeks, or days, please contact Susan Cort Johnson, editor of Patient Education Management *by e-mail at suscortjohn @onemain.com or by telephone (530) 256-2749. Please state the subject matter on your e-mail: Health Observance Education.* Patient Education Management *will feature educational outreach efforts tied to health observances in future issues.]* ■

Promotion of events on patient education

If your organization is sponsoring a future event pertinent to patient education managers, send us the information at least two months prior to the scheduled date and we will help you get the word out. Details should include event title, theme and purpose, dates and times, and cost. Information can be sent via e-mail to Susan Cort Johnson, Editor, *Patient Education Management*, suscortjohn@onemain.com. Or mail information to: P.O. Box 64, Westwood, CA 96137. ■

Share your success stories with *PEM*

Have you created patient education programs that provide solutions to persistent problems in patient education or come up with innovative

CE instructions

Nurses and other patient education professionals participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue.

Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this activity each semester, you must complete the evaluation form provided and return it in the reply envelope provided in order to receive a certificate of completion. When your evaluation is received, a certificate will be mailed to you. ■

COMING IN FUTURE MONTHS

- The wisdom of prevention education
- Creating a patient education culture
- Strategies for timely project completion
- Must-have books and resources
- Effective community outreach

CE Questions

1. Learning on the job is not uncommon for patient education managers. Which of the following skills have managers often had to develop while in their management role?
A. Skills to create web sites
B. Marketing techniques
C. Team facilitation
D. Bedside teaching

2. Which of the following techniques help conference-planning committees select timely topics?
A. Educational needs assessments
B. Monitoring listservs
C. Reading journals
D. All of the above

3. To prevent vision loss, consumers need to learn when to have an eye exam, what protective gear to wear for sports and hazardous work, and how good nutrition benefits sight.
A. True
B. False

4. When looking for conference speakers, a call for abstracts works well, according to the Philadelphia-based Health Care Education Association. Its annual conference planning committee uses which of the following considerations to score abstracts submitted by possible speakers?
A. Relevance to conference attendees
B. Whether the speaker is a doctor or nurse
C. Clearly stated and measurable objectives
D. A and C
E. None of the above

Answer: 1. C; 2. D; 3. A; 4. D.

teaching ideas? If so, we would like to profile your program or idea in *Patient Education Management*.

We are interested in all types of topics, including educational materials, teaching methods, improved documentation techniques, outcome measures, and staff development.

If you would like more information or want to suggest an article idea, please contact Susan Cort Johnson, Editor, *Patient Education Management*, at: (530) 256-2749 or suscortjohn@onemain.com. ■

CE objectives

After reading *Patient Education Management*, health professionals will be able to:

- identify management, clinical, educational, and financial issues relevant to patient education;
- explain how those issues impact health care educators and patients;
- describe practical ways to solve problems that care providers commonly encounter in their daily activities;
- develop or adapt patient education programs based on existing programs from other facilities. ■