Patient Education Management™

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

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IN THIS ISSUE

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To purchase teaching sheets or write in-house: That is the question

Consider available resources and evaluate the pros and cons

Which is best? Purchasing commercially produced teaching sheets or writing your own to distribute via the Intranet?

The answer is not as simple as the question seems; there are many issues to consider.

"You have to look at your internal resources and whether or not you have sufficient staff to accomplish creating your own material. It is time-intensive and it requires a watchful eye to maintain a decent process and ensure accuracy and availability. If you don't have those internal resources, you really are far more likely to go to commercially produced products," says **Zeena Engelke**, RN, MS, patient education manager at the University of Wisconsin Hospital and Clinics in Madison.

It's important to look at the purpose of the piece, what the use will be and the audience, advises **Kathy Ordelt**, RN-CPN, CRRN, patient and family education coordinator at Children's Healthcare of Atlanta.

"We try to produce any materials that address topics that are high risk

EXECUTIVE SUMMARY

Distributing patient education materials via the Intranet has become very commonplace. With this method health care disciplines can pull information from their in-house web system when they are educating a patient in order to reinforce what has been personally taught. Some institutions create these teaching sheets while others go to a commercial vendor.

In this issue of *Patient Education Management* we discuss the pros and cons of each choice and how to make sure the needs of the institution are being met.

or high volume because we want our own input in it. — our own physicians dictating what the teaching sheets say; our own staff saying this is our process for taking care of this particular topic," says Ordelt.

Evaluate your patient population to determine if it has unique educational needs, says **Cindy Latty**, BSN, RN, patient education coordinator at Riley Hospital for Children, Clarian Health Partners Inc. in Indianapolis. If a patient education manager works at a specialty hospital teaching sheets from a commercial vendor might not be geared toward the diagnoses, conditions, and procedures physicians would need to educate a patient on.

"Also evaluate whether or not you have the time to create materials or, looking at it from the other side, if you have the time to review the materials on a regular cycle," she adds.

While cost is frequently a factor patient outcome is far more important, says Engelke. "You can't look strictly at how many dollars it takes to produce a certain piece or the time it took to create it but rather does it say what patients need and as a result are they able to carry on the self-care skills that relate to that disease or health care episode," she explains.

If patients are able to follow self-care instructions correctly the institution may save thousands and thousands of dollars in follow-up calls or return hospital visits, says Engelke.

Commercial material was reviewed at Riley Hospital for Children but it was determined the teaching sheets would need to be further customized and therefore it was not a good use of funds, explains **Maureen Battles**, BSN, RN, who shares the duties of patient education coordinator with Latty at the pediatric facility.

One draw of commercially produced materials is that they are often translated into many foreign languages; however Battles says if they had to customize the English versions they would need to do the same with the foreign language versions.

At New York-Presbyterian Hospital in New York City the primary patient education materials distributed via the Intranet are created in-house. However, commercially produced medication handouts that are updated quarterly are used, and **Virginia Forbes**, MSN, RN, program director of patient and family education, says they have been pleased with the commercial product.

Yet, she says the large and diverse organization where she works is fortunate to have the human resources and support needed to create institution-specific teaching materials.

"It is important for us to know exactly what information is being given to our patients and how it is presented. When evaluating some of the available products we were not completely satisfied with the content and/or presentation, diversity, or readability it offered," explains Forbes.

Impossible to do it all

While Children's Healthcare of Atlanta has about 550 teaching sheets on the Intranet in both English and Spanish, Ordelt says they also have purchased a number of programs and loaded them on the Intranet. "We realize that no matter how many teaching sheets we would ever be able

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This activity is intended for nurse managers, education directors, case managers, discharge planners, hospital clinicians, management, and other health care professionals involved in designing and/or using patient education/staff education programs. It is in effect for 24 months from the date of publication.

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Create process to write in-house materials

For best results establish guidelines and oversight.

Once an organization has made the decision to create teaching materials for the Intranet in-house a process should be established for producing the pieces.

At New York-Presbyterian Hospital in New York City the guidelines for creating materials are located on the Intranet in the patient education handbook for easy access by all staff.

"The staff are able to follow a step-by-step guide to creating a resource from idea through submission," explains **Virginia Forbes**, MSN, RN, program director of patient and family education.

In a flowchart, staff are first directed to check the approved resource list to see if the resource already exists. If it does not exist, they can proceed. If one does exist, it is suggested they evaluate the material to see if it meets their need.

If the material does not meet their need and cannot be revised, they follow the guide and create a new resource according to the template. The resource must be evaluated by at least three content experts and references must be provided. Finally a member of one of the patient education committees evaluates it using a more extensive evaluation form.

At Riley Hospital for Children in Indianapolis content experts have been identified in service and procedural areas to assist with teaching materials. When a piece is being created they are asked to provide information on what should be included in the document. In addition, an author's checklist and a sample document is available for the person drafting the teaching material.

"Once we get a draft document, we send it to stakeholders asking for feedback within a certain time frame," says **Cindy Latty**, BSN, RN, patient education coordinator.

The reviewer can write directly on the teaching sheet but must also complete a form when he or she provides feedback. If Latty and colleague, **Maureen Battles**, BSN, RN, also a patient education coordinator, have questions about the changes they present them to the content experts. The final draft is then sent to the multidisciplinary Patient Education Council for approval.

The council not only provides input but also distributes it to people who have expertise on the subject.

However it's important to get feedback from those who do not have expertise on a topic because teaching materials are written in laymen's terms, says Latty.

"Sometimes when you are creating a product you are so close to the material you don't notice you are using terms that may not be at the right language level," she explains.

Following this review the document is completed and placed on the Intranet.

At Children's Healthcare of Atlanta experts in a field write the educational material using an electronic template that can be found on the patient and family education Intranet site. There are templates for information sheets on disease, procedures, medications, clinical nutrition, medical equipment, and other topics. The expert simply writes the information in the appropriate sections. For example, when writing on a disease they would answer, "What symptoms would the child have?"

"The writer must have a physician sign off on the material if it is a medical topic and patient and family members if appropriate and then they send it back to me. I send it to risk management. All our teaching materials go through our risk management department," says **Kathy Ordelt**, RN-CPN, CRRN, patient and family education coordinator at Children's Healthcare of Atlanta.

The Family Centered Education Council gives the final stamp of approval on written materials.

To help clinicians become better writers Ordelt created a toolkit that contains the 10 top tips for writing for patients and families. Also four-hour interactive writing workshops are offered twice a year.

"If people can't get to the class or devote the four hours to it they can use the toolkit," says Ordelt. ■

to produce we could never do it all," she explains.

Recently in addition to other commercial teaching sheets they added Pedi-Pals, a pediatric version of drug information sheets, as the generic drug information is as good as their own teaching sheets and is available in multiple languages. They will do away with their own medication sheets, which also eliminates the time they spend reviewing them, says Ordelt.

There are pros and cons to both materials pro-

duced commercially as well as in-house.

One of the drawbacks of creating teaching sheets in-house is the process. There must be a well-honed mechanism in place to ensure accuracy; make sure the inventory is maintained, updated and revised on a routine cycle and when practice changes; and material must be produced in a timely manner. **(To learn more about the process of producing materials for the Intranet, see article on p. 51.)**

Latty agrees. She says keeping up with the demands for new and revised materials is a lot of work especially for patient education managers that "wear other hats."

Forbes says the benefits of creating materials in-house include the ability to have overall control of content, format, and style. The institutions' clinicians provide their clinical expertise and follow the organization's guidelines for writing and creating materials. Templates can be created and evaluation takes place according to preset standards.

The upside of purchasing materials and databases is that the commercial vendor does all the work and keeps the material updated, says Ordelt. Most of the databases are updated quarterly so institutions get the latest and greatest information, she says. However, commercial products cost money and may or may not be as easily accessible to clinicians as the in-house material depending on how many links they must go through on the computer to access it.

When evaluating a commercial product for use on the Intranet to make sure it is right for your institution, Forbes advises patient education managers to get the answers to the following questions:

- How is it maintained?
- What is the frequency of updates?
- Who are the members of the content advisory board?
- Are there licensing fees per edit/change in content or addition of logos?
- Can additional resources be uploaded to the library?
- Is an interface required?
- What are the terms of the agreement?
- Is on site or 24-hour support available? ■

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How to's for creating easy-to-read materials

Organization, style, and appearance important

Although many in the field of health care think only the poorly educated fall into the category of low health literacy, that is not necessarily the case. Even well-educated people can have low health literacy; it has nothing to do with their ability to read but with their ability to understand very complex material that is unfamiliar to them.

"A simple definition of low health literacy is the ability to read, understand, and act on health information to make health decisions," explains **Sandra Cornett**, RN, PhD, director of the OSU/AHEC Health Literacy Program at The Ohio State University in Columbus.

What keeps people from understanding health information? Often the material is written poorly with lots of jargon and poor logical sequencing. The message is hidden in complex sentence structures making it difficult for those who do not have the context or frame of reference to understand.

In order to make sure people of all educational levels will understand health care material it must be written in plain language, says Cornett.

"Studies have shown that even well-educated

SOURCES

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persons prefer easy-to-read material when reading health information. I often tell workshop attendees that we all have a degree of low literacy, depending on what it is we are reading," she explains.

An easy-to-read piece is well organized. "The message needs to have as much structure built in as possible because less able readers organize information poorly," says Cornett.

In a well-organized piece the actions or desired behaviors the reader is to take should be immediately evident. Key points are limited with the "need to know" information stressed and the "nice to know" information either not included or not stressed. Headings and summaries aid organization and provide opportunity for repetition.

The information needs to be sequenced in a way that is logical to the reader; the author should know something about how the intended audience perceives things.

"It is absolutely essential when developing low literacy materials to know who you are writing for and why. Gather information about the target audience through personal knowledge, focus groups, colleagues, and journals. Knowing your audience helps focus more clearly on the material to be covered," says Cornett. Cultural diversity issues would be considered at the time the audience is being evaluated.

In addition, the cover needs to indicate the core content and the intended audience so people know what to expect when they pick up the material.

Conversational style best

Cornett says writing style can make all the difference in making a pamphlet or handout easy to read. "If the message is friendly with familiar words and short sentences, it is more likely to be read," she explains.

Easy-to-read material is written in conversational style, using active voice with vivid nouns, verbs, and pronouns. In addition to vivid language the material should have lots of examples or analogies making it more interesting and easier to remember. The use of pronouns makes it personal.

Technical jargon should be used only if absolutely necessary and if a term is unfamiliar to the reader it should be explained in the text.

Sentences should be kept short but not to the point of being choppy and whenever possible words should be no more than one or two syllables.

Use bullets for lists to help organize a series of items under one heading. A well-organized list with a descriptive heading can be remembered more easily than if the important information is embedded in a complex paragraph. Lists of more than five to seven items will not be remembered.

Appearance and appeal of the material complement organization and style and are just as important when creating an easy-to-read manuscript.

The layout should look uncluttered with ample white space and generous margins. White space, words, and illustrations should be proportional to each other. Also, the design elements should work together including the size, shape, color, pictures, and layout of the text.

Subheadings that are highly visible, written as questions or statements, and are concrete and informative guide a reader who is unfamiliar with the context. Key points can be emphasized by using boxes, bold print, rule lines, increased print size, underlining or highlighting. Capital letters should never be used for emphasis, says Cornett.

Don't try to write to different grade levels but rather write to one standard level, which for an easy-to-read guide is sixth through eighth grade, preferably sixth. One knows what grade level a piece of material is by doing a reading index or formula, preferably by hand. Two of the most widely used are the Fry Index and the SMOG.

"You decrease reading difficulty by increasing the number of sentences and decreasing the number of syllables in words. However, simply doing this and getting a low reading level does not make a piece easy to read. All the criteria including organization, writing style and appearance need to be addressed.

To ensure that pamphlets and handouts are user-friendly set up a review process of different disciplines and use the criteria for easy-to-read materials as a guideline.

Cornett advises health care systems to create standard criteria for the appearance, layout, design, illustrations, font size, and type so authors don't have to consider these aspects.

"The best way to ensure clear, easy-to-read materials is to field test them with the target audience. This is the gold standard," says Cornett. ■

Perfecting the form and documentation process

Support good forms/guidelines with surveillance

Laura Gebers, BSN, RN, BC, health education coordinator at Deborah Heart and Lung Center in Browns Mills, NJ, has set in place several tools to help ensure that patient education is documented correctly.

The Interdisciplinary Patient Family Education Notes is a form which all disciplines who teach document. It is kept at the patient's bedside so any health care professional who walks into a patient's room has access to the notes for documentation at the time of education and care.

Also available are guidelines for documentation. These instructions provide details on the documentation process. For example, in the initial assessment the admitting nurse is instructed to check all learning preferences that apply to the patient or a family member.

Further details in the guidelines tell the nurse to ask how the patient or family member learns something new. Also, the nurse is instructed to write any additional information gained during the conversation.

In addition to the documentation notes and guidelines a surveillance form was created to determine if disciplines were documenting correctly. The tool used to monitor documentation has five categories and a section in which the surveyor can check yes, no or not available and make comments.

The categories are:

- Tool initiated on admission.
- Assessment complete.
- Specific to patient's health care needs.
- Updated as necessary.
- RN, LPN signature and date legible.

Nurses on each unit are asked to do self-evaluations when their caseload is down in order to monitor documentation on a regular basis. However, in 2005 the chief nurse executive asked Gebers to evaluate documentation to determine if the numbers were as good as reported.

"Sure enough, my numbers were quite different from their numbers. When I went onto the units to evaluate I found there really needed to be quite a bit of improvement as far as the documentation process so that gave me an opportunity to do several things," explains Gebers.

Working one on one

When a staff member was not completing the patient education notes properly, Gebers would go to that person to review the documentation tool and guidelines and discuss his or her responsibility as far as assessment.

"By identifying the noncompliant staff member I was able to do just-in-time training where I could go right to where they were instead of scheduling a session or asking them to do a self-study packet," she explains.

Also Gebers checked to see if staff were implementing the proper documentation notes when a patient who came in for a same-day procedure was admitted to the hospital.

"The nurses needed to convert from a short form to a longer form and that was slipping through the cracks," says Gebers. To solve the

SOURCE

For more information about the surveillance of the documentation of patient education contact:

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problem new staff received a more thorough orientation on the difference between the forms and when to initiate the longer form. In addition, when patients could potentially be admitted to the hospital the long form was initiated upon check in for the same-day procedure.

Gebers also explained the rational behind the different areas of the documentation form and why they needed to be completed so that staff could do a better job of self-reporting. "They got to see I wasn't just writing down numbers trying to find fault with their work but trying to improve their work and help them to improve their work," explains Gebers.

Not only did it help them understand how to do their surveillance it helped them see how important it is to fill out certain sections on the form, says Gebers.

Also by highlighting areas that needed to be more completely filled in Gebers was able to get feedback on how to improve the tool so the next time the notes are revised she will include the recommendations staff made on how to improve the documentation process.

The monitoring was done weekly for three quarters. Gebers took a break but will begin another session of monitoring documentation to see if it is still being done correctly. She says it is important to have a presence on the units who acts as a reminder and someone to provide friendly encouragement and answer any questions they may have.

"It's okay if the numbers aren't good as long as we are able to find out what the problem is and take some corrective action," says Gebers. ■

Program helps young asthmatics control disease

Program combines basketball, disease management

In the first six months of Keystone Mercy Health Plan's Healthy Hoops program, which combines basketball and asthma management, the percentage of children in the program with an emergency department visit for asthma fell 26%, the percentage of children with a hospital admission decreased by 8%, and nighttime awakenings decreased by 70% among program participants.

The program, which targets Keystone Mercy's Medicaid members and other low-income children with asthma, was begun in 2003 after the health plan identified a high incidence of asthma among children in West Philadelphia.

Healthy Hoops is the brainchild of the health plan's president and chief executive officer, Daniel J. Hilferty, who was looking for innovative ways to reach out to an often difficult-to-manage chronic disease population.

The program uses a four-part strategy — outreach, program events, asthma disease management, and member incentives — to educate young members and their parents on asthma control.

Participants who sign up for the program receive a basketball. If they continue the program, they earn a chance to participate in the Healthy Hoops Fall Challenge.

The program has since been expanded to other areas of Philadelphia; Chester Township, PA; and South Carolina through the health plan's sister company, Select Health of South Carolina Inc. More than 1,000 children have participated in the program since its inception.

When the program began, Keystone Mercy targeted three zip codes where there were high rates of asthma among the plan's members and in the community at large.

Initially, the health plan enrolled members by sending a brochure and enrollment form to families with children ages 7 through 15 with asthma in the targeted area. Now, in addition to offering the program to members, the plan works with school nurses, coaches, and gymnastics teachers, and community and health care organizations to help identify children with asthma.

Keystone Mercy case managers make follow-up phone calls to everyone who receives the brochure, to encourage them to join the program and to answer any questions about the program.

"The community has embraced it in so many different ways. The school nurses, school teachers, gymnastic teachers, and basketball coaches are all involved and have helped make it grow," says **Maria Pajil Battle**, senior vice president of public affairs and marketing for Keystone Mercy.

To participate in the program, the children must undergo a comprehensive physical examination and a spirometry screening to test lung capacity. Their parents must attend a workshop to teach them how to care for a child with asthma, how to identify asthma triggers, environmental issues that affect asthma, and proper asthma management.

"Our goal was to positively change their behavior and to address medication issues. Many

of these children were not using preventative medicine but were relying on rescue medications," Battle says.

The parents' workshop includes one-on-one coaching by an asthma educator who helps develop a treatment plan for the children and educates the parents on medication and equipment.

"The parents were really enlightened. They didn't know how to clean a nebulizer or how to operate a peak flow meter," Battle says.

The six-month program opens each spring with a Healthy Hoops kick-off where participants register for the health screenings that are held throughout the targeted neighborhoods. Participants receive a basketball when they complete the health screening.

Professional basketball coaches and celebrity players work with the young participants on basketball drills during the kick-off event. During the festivities, parents and children are provided with information about asthma, weight management, and the prevention of cardiovascular diseases.

The program culminates in a full-day basketball clinic, the Healthy Hoops Challenge, where participants undergo another round of spirometry screenings to ensure that they are healthy enough to participate in the day's activities and to determine if they have been managing their asthma.

The Healthy Hoops Challenge features coaching sessions and basketball drills by sports figures and coaches, live entertainment, and workshops for parents.

In the second year of the program, the health plan added a professional education component, to teach area sports coaches and physical education teachers in the Philadelphia public schools about juvenile asthma and the Healthy Hoops program.

"Whether they play basketball, football, or participate in other athletic programs, children with asthma often have to sit on the sidelines. Some of the coaches were telling them to use someone else's inhaler. They didn't realize that the children needed medication tailored to their specific needs," Battle says. The coaches have become some of the program's biggest supporters, spreading the word throughout the community, she adds.

"Children in the program have become peer educators. They teach the young kids how to use the peak flow meters and measure their lung capacity," Battle says.

The health plan provides asthma education training to school nurses, Keystone Mercy Health Plan nurses, provider office nurses, and Pennsylvania Department of Health nurses. The training session, which provides asthma facts, prevention skills, and updated management techniques, was designed to provide continuing education units for participants.

The program was developed by the Keystone Mercy Health Plan and the Healthy Hoops Coalition, which includes doctors, nurses, asthma educators, representatives of community organizations and health departments, and nationally recognized basketball personalities. ■

Navigators guide patients through the continuum

Barriers include language, finance, transportation

When patients are referred to the Ralph Lauren Center for Cancer Care and Prevention in East Harlem, NY, they are met on their initial visit by a patient navigator whose job is to ensure that they receive a timely diagnosis and treatment.

"Poor people encounter significant barriers when they seek diagnosis and treatment of cancer. Until the patient navigator system was instituted, there was nothing in the health care system to guide them through the continuum of care. The majority of them were falling out of the system at the point of a suspicious finding," says **Rian Rodriguez**, MPH, research coordinator/patient navigation manager.

The Ralph Lauren Center for Cancer Care and Prevention is a partnership between Memorial Sloan-Kettering Cancer Center and North General Hospital. Its mission is prevention, diagnosis, and treatment of cancer through new models of patient care, research, education, and outreach designed to address the unique needs of the community.

Many of the patients who are referred to the center have financial, language, and social barriers that make it difficult for them to get the services they need.

The navigators help patients and family members access health care services and overcome obstacles to care. The obstacles include financial and insurance difficulties, communication challenges, emotional concerns, and other barriers, such as lack of transportation that result in

missed appointments.

"The health care system in New York delivers care in a fragmented manner. Poor and underinsured patients often get lost in the complexities of the health care system. The patients see their primary care physician, who sends them to a specialist, who then sends them somewhere else to receive treatment. The health care system is not user-friendly, and it turns people off," Rodriguez says.

The navigator helps patients find their way through the health care maze and helps alleviate any barriers that may arise.

Patients typically are referred to Ralph Lauren Center by their primary care provider for additional testing after a suspicious finding from a screening modality. All new patients who come into the center have an initial session with a navigator as soon as they register.

Navigators work the clinic hours, introduce themselves, and use the opportunity to assess the patient's potential needs.

At the end of each week, the four navigators on the staff are assigned to particular patients. They may or may not be the navigator who met the patient during the assessment.

When the results of the follow-up test are in, the patient navigator is notified and tracks the patient during follow-up visits.

The navigators then follow the patients throughout the continuum of care until they complete the initial treatment regimen. The program has been expanded so that navigators work with the patients if they have a recurrence or need hospital care or pain management.

The navigators have between 20 and 30 active cases open at a time. They follow the patients as long as they are in treatment. With some patients who receive chemotherapy, they may follow them nine months or longer.

Patients can call their navigator when they have trouble getting an appointment with a provider, when they need transportation, or when they have questions about what they should do next.

"Patient navigators are trained to help the patient navigate through the health care system. Their job is to help educate the patient and make sure he or she gets all the way through the treatment process by helping them overcome barriers to care," Rodriguez says.

Many of the barriers to care are financial, Rodriguez says. About 30% of the population served by the center present as uninsured.

"When the barrier is financial, we have to create access for them," he says.

If patients are uninsured, the navigator determines if they fit the criteria for Medicaid, Medicare, or another subsidized program.

"We have a Women's Health Partnership that covers treatment for women with breast and cervical cancer if they fulfill the criteria. In all cases, the navigator advises the patients as to what documentation is required," he says.

Communication barrier

The navigators have the authority to submit Medicaid applications and to defend them. They go to the Medicaid office and get a "pending" letter that allows the Ralph Lauren Center to facilitate treatment that may have to occur in other facilities.

"There's a 30- to 45-day wait for final approval of Medicaid eligibility. In the meantime, we can still move the patients along in their treatment," he adds.

Communication is another barrier to care among the poorest of patients, Rodriguez says.

Many of the patients have limited literacy and often speak a different language from the doctor, making it difficult for them to absorb everything at once.

The navigator facilitates meetings with the practitioner and helps the patient understand what has happened and what the next step in the treatment process should be, he says.

"The navigators never give out medical advice. They facilitate meetings between the patient and the practitioner and help the patients get the treatment they need," he says.

Sometimes the navigators accompany patients on their physician visits if there are communication issues or the patient wants the navigator present for support.

The navigators help the patients get their X-rays, test results, and other records they may need as they see a variety of specialists during the treatment process.

"We do a lot of transportation of medical files. We get copies of all relevant information for the patients, keeping a package here, and disseminating them with their permission."

The navigators can make referrals to community services such as welfare, housing, home care, and transportation. They help the patients deal with other health problems, symptoms, pain, complications, second opinions, and finding hospice care when necessary.

The program has a part-time social worker

who can facilitate services such as transportation and home care.

"We use the social workers for crisis management and psychosocial issues and when we realize that a patient is eligible for SSI [Supplemental Security Income] permanent disability payments," he says.

The hospital hires as many navigators as possible from the community. There are no educational standards, but the navigators do have to be sympathetic and empathetic with the patients.

"When we choose navigators, we look for cultural homogeneity with the people we serve. They don't have to be of a particular race or ethnicity but should have cultural sensitivity," Rodriguez says.

They must be familiar with the network of community health care providers and know how to refer among collaborating institutions, he adds.

The patient navigator program was started at Harlem Hospital in 1989 by Harold P. Freeman, MD (who now is medical director of Ralph Lauren Center), as a result of the high mortality rates of breast cancer patients in the community the hospital served.

"Dr. Freeman found that women diagnosed with breast cancer in the Harlem community had a dismal survival rate, comparable to that of a third-world nation," Rodriguez reports.

At the time, women in underserved communities had access to mammograms but there was little follow-up and the women who had cancer often did not seek treatment, he adds.

When the Ralph Lauren Center was opened in 2003 to provide treatment options for the area's underserved population, Freeman became medical director and started the navigator program at the new facility.

The initiative started with breast cancer patients and has been expanded to include patients with cervical, colon, and prostrate cancer.

The center has developed a kit with details on how to set up a patient navigation program. It's available at www.patientnavigation.com. ■

RESOURCE

Visit the American Medical Association web site, www.ama-assn.org, to review materials affiliated with its *Guidelines for Adolescent Preventive Services* (GAPS). Under "AMA Agenda," click on "Advocacy Efforts." Next, click on "Improving the Health of the Public," "Promoting Healthy Lifestyles," "Adolescent Health," and "Downloads and Resources." Documents of GAPS patient questionnaires in English and Spanish for younger adolescents, middle/older adolescents, and parents/guardians are available, as well as a monograph of the GAPS program. Click on "Patient Handouts" for a link to the association's "Parent Package," a set of documents designed to help providers share important information about adolescence with parents and adolescent patients. Each of the 15 topics addressed in these handouts contains up-to-date facts, parenting tips, and other resources.

Boost teens' knowledge when it comes to STDs

You deliver some bad news to your next patient, a 16-year-old student: She has a chlamydia infection. She then asks, "What is chlamydia?"

If this scenario replays in your exam room on a regular basis, you are not alone. Findings from a new study indicate that most sexually active teenage girls know relatively little about sexually transmitted diseases (STDs) until they are diagnosed with one.[1]

Teens may learn about HIV in school-based health education, but they are not getting companion information on other STDs, says **Julie Downs**, PhD, lead author of the new research and director of the Center for Risk Perception in Communication at Carnegie Mellon University in Pittsburgh. Without knowledge of such diseases as chlamydia and genital herpes, teens may operate under a false sense of confidence, Downs explains.

"When we interview teens in research, they may say, 'I was really concerned about HIV and I was concerned about getting pregnant,' but some of them will say 'but anything else, you just take a pill,'" Downs comments. "That is not really true."

Downs and fellow researchers surveyed 300 adolescent girls in the Pittsburgh area and administered a test to gauge teens' knowledge of eight STDs: HIV/AIDS, chlamydia, gonorrhea, genital herpes, genital warts, hepatitis B, trichomoniasis, and syphilis. Girls who reported having been diagnosed with an STD knew more about that particular disease than other girls, but they did not know more about the other diseases, researchers found.[1] With the exception of HIV/AIDS, the teens did not know many basic facts about STDs, researchers report.[1]

Teens with little knowledge about STDs are more likely to engage in risky sexual behavior and to delay infection treatment.[2,3] Such treatment delay is particularly important when it comes to chlamydia, the most prevalent STD in the United States.[4] Untreated chlamydial infection can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID), which can lead to permanent damage to the fallopian tubes, uterus, and surrounding tissues.[5]

Boost teens' STD IQ

Providers miss opportunities to provide STD, HIV, and pregnancy prevention counseling to high-risk youth during preventive health care visits, according to an analysis of a national adolescent survey.[6]

How can you help to boost teens' STD IQ?

Assessing a teen's knowledge of STDs comes into play during questioning about reproductive health issues, says **Karen Hacker**, MD, MPH, executive director for the Institute for Community Health and assistant professor in the department of medicine at the Harvard Medical School, both in Cambridge, MA. Hacker presented on the topic of talking to teens about drugs, alcohol, and sex at the 2005 *Contraceptive Technology* conference in Boston.

Use the mnemonic device HEADS (**H**ome, **E**ducation, **A**ctivities, **D**rugs, **S**exuality) to cover important points in a teen's medical history, she suggests. Many adolescent providers also look to the American Medical Association's (AMA) *Guidelines for Adolescent Preventive Services* (GAPS), a comprehensive set of recommendations for teen care, says Hacker. **(See resource box to access free materials from the AMA.)** By getting to know about different aspects of a teen's life, the provider is then able to move into more sensitive subjects, she notes.

When the topic of sex is broached, Hacker says she varies her approach based on age. If it is a young teen, she may ask, "Have you learned anything about sex education in school? Have you thought about that?" before she asks, "Have you engaged in any sexual activity?" If the response is no, Hacker says, "If you want any information, I'd be happy to respond. If not, come back when you do." Handouts also can provide take-home information. Also direct teens to teen-friendly information on the web.

If a teen has come in specifically for birth control, Hacker says she tends to take a more direct route in her queries, asking questions such as, "If you are sexually active, how many partners have you had in your lifetime?" to understand their level of risk-taking. She spends time explaining the difference between pregnancy prevention and STD prevention, and she notes that while many

CE instructions/objectives

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.

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** patient education programs based on existing programs from other facilities. ■

COMING IN FUTURE MONTHS

- ■ Clues for creating successful resource centers
- ■ Assessing and addressing changing patient education needs
- ■ Pointers for field testing materials with patients
- ■ Education committees; not for review only
- ■ Using personal health journals to aid patient education

CE Questions

17. When deciding whether to create your own teaching sheets for the Intranet or purchase a commercial package, you should look at which of the following?
A. Internal resources.
B. Patient population for unique needs.
C. Time available for writing and review.
D. All of the above.

18. Some of the stumbling blocks in easy-to-read material include which of the following?
A. Jargon and complex sentence structure.
B. A limited number of key points.
C. Logical sequence.
D. Desired behaviors immediately evident.

19. At Ralph Lauren Center for Cancer Care and Prevention, how many cases do the patient navigators typically follow at one time?
A. 20-30
B. 40-50
C. 25-30
D. 15-20

20. What does the mnemonic device HEADS stand for?
A. Health, Education, Activity, Drugs, STDs
B. Home, Education, Activities, Drugs, Sexuality
C. Home, Evidence, Activities, Drugs, STDs
D. Health, Education, Actions, Decisions, Sexuality

Answers: 17. D; 18. A; 19. A; 20. B.

methods are effective contraceptives, they do not provide STD protection.

The advent of urine-based STD testing has made it easier to screen teens, says Hacker. If teens have come in for emergency contraception, she takes that opportunity to say, "While we are checking your urine for a pregnancy test, in the meantime it would be good to check you for STDs, too." This comment also provides a segue into an explanation that emergency contraceptive pills, such as oral contraceptives, do not prevent STDs.

According to **Robert Hatcher**, MD, MPH, professor of gynecology and obstetrics at Emory University School of Medicine in Atlanta, the single most important time to bring up the prevention of STDs is when clinicians and counselors are stressing the dual use of condoms and a woman's chosen contraceptive, such as pills, the contraceptive ring, or the contraceptive patch.

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