Creating Patient Education Tools that Maximize Comprehension and Independence in Self-Care

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Disclosures

The speaker declares no conflicts of interest or financial interest in any service or product mentioned in this program.

Clinical trials and off-label/investigational uses will not be discussed during this presentation.
Objectives

• Review useful learning methodologies and best practices for patient and educator communication

• Describe how to adapt patient education tools for readability that increases patient comprehension

• List the essential elements of an assessment checklist for producing on-target patient education materials
Objectives (cont.)

• Compare approaches to teaching patients for both the office based and home based educator
• Outline mobile apps for patient education and tele-health disease management
BASIC CONCEPTS OF TEACHING/LEARNING
Learning, Teaching, Doing

*Learning* is finding out what you already know

*Teaching* is reminding yourself that you know it

*Doing* is demonstrating to others that you know it

We are all learners, teachers, doers

Richard Bach, *Illusions*
Teaching and Training

*Teaching* provides knowledge in theory and practice of concepts, facts and practices.

*Training* provides the experience to understand this knowledge and transform it into real time application.
Why do People Learn

A learning need is:

The gap between what an individual knows, understands, and can do at any moment, and what the person wants or needs to know, understand, and do to reach defined learning outcomes.
Set Learning Outcomes

• What does the individual know?
• What does the learner need to know?
• What is the gap?
• What is the best way to fill the gap?
Reasons for Learning

• Develop existing skills?
• Provide new skills?
• Improve existing levels of competence?
• Impart knowledge and understanding?
Why Adults Learn

Think back over the past 60 days.....What is one thing you learned??
Why Adults Learn

Did you learn because you **had** to out of necessity, like how to change a flat tire...

or because you **wanted** to, like how to use your new cell phone?
Malcolm Knowles Six Assumptions

1. Adults have a need to know why they should learn something before investing time in a learning event.

So: Trainers must insure that participants know the purpose of the training as early as possible.
Malcolm Knowles Six Assumptions

2. Adults enter any learning situation with an image of themselves as self-directing, responsible grown-ups.

So: Trainers must help adults identify their needs and direct their own learning experience.
Malcolm Knowles Six Assumptions

3. Adults come to a learning opportunity with a wealth of experience and a great deal to contribute.

So: Trainers are successful when they identify ways to build on and make use of adults’ hard-earned experience.
Malcolm Knowles Six Assumptions

4. Adults have a strong readiness to learn those things that help them cope with daily life effectively.

So: Training that relates directly to situations adults face is viewed as relevant.
Malcolm Knowles Six Assumptions

5. Adults are willing to devote energy to learning those things that they believe help them perform a task or solve a problem.

So: Trainers who determine needs and interests and develop content in response to these needs are most helpful to adult learners.
Malcolm Knowles Six Assumptions

6. Adults are more responsive to internal motivators such as increased self-esteem than external motivators such as higher salaries.

So: Trainers can ensure that this internal motivation is not blocked by barriers such as a poor self-concept or time constraints by creating a safe learning climate.
Learning Styles

Everyone takes information in through three modalities:

• Visual
• Auditory
• Kinesthetic (Tactile)

Most people use a combination of all three
Visual Learners

• Visual learners prefer pictures, diagrams and other visuals. They need to “see it” to “know it”.

• Create a learning environment by:
  – Providing written directions when possible
  – Use demonstration of role play to “show” them how
  – Enhance leave behind written materials with pictures whenever possible
Auditory Learners

• Auditory learners prefer to get information by listening. They need to “hear it” to “know it”.

• To create a learning environment for auditory learners:
  – Provide spoken directions, when possible
  – Have discussions and answer questions as you go along
  – Have the patient or caregiver repeat the information back to you

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Kinesthetic Learners

• Kinesthetic learners prefer hands-on learning. They need to “do it” to “know it”.

• To create a learning environment for kinesthetic learners:
  – Provide physically active learning opportunities
  – Engage them in hands on learning activities
  – Provide active review and practice methods
Patient Teaching Methods

• Ideally patient teaching should involve all three methods.
  – Verbally walk the patient through the process (auditory)
  – Demonstration of the process and leave behind materials (visual)
  – Patient hands on participation and return demonstration (kinesthetic)
ASSESSING NEEDS AND DEVELOPING LEARNING OBJECTIVES
Conduct a Needs Assessment

• Determine if there is a need to develop a training tool
• Identify the content and scope of the training
• Gain participant and organizational support from the start
How to Collect Data

• Interview clinical staff – You can obtain in-depth information about the need and get ideas about how to develop the tool.

• Focus groups – Identify key people who can provide information about the need. By interviewing in a group they can piggyback off each other’s ideas.
Writing Objectives

• Once you have identified the needs you develop objectives for the education materials

• Training objectives are used for the design and development of the written education materials.
STEPS TO DEVELOP EFFECTIVE WRITTEN PATIENT EDUCATION MATERIALS
Written Materials Toolkit

• A health literacy resource from the Centers for Medicare and Medicaid Services (CMS)

• 11-part Toolkit provides a detailed and comprehensive set of tools to help you make written material in printed formats easier for people to read, understand, and use

Written Materials Toolkit, continued

- Toolkit Part 1: About this Toolkit and how it can help you
- Toolkit Part 2: A reader-centered approach to develop and test material
- Toolkit Part 3: Summary List of Guidelines for Writing and Design
- Toolkit Part 4: Understanding and using the Guidelines for Writing
- Toolkit Part 5: Understanding and using the Guidelines for Graphic Design
- Toolkit Part 6: How to collect and use feedback from readers
- Toolkit Part 7: Using readability formulas: *a cautionary note*
- Toolkit Part 8: Will your written material be on a website?
- Toolkit Part 9: Things to know if your written material is for older adults
- Toolkit Part 10: "Before and after" example: Using this Toolkit's guidelines to revise a brochure
- Toolkit Part 11: Understanding and using the "Toolkit Guidelines for Culturally Appropriate Translation"
Readability

• Readability tests are formulas that measure the difficulty of the vocabulary and sentences in written materials
• There are many to choose from
• They use length of individual words and sentences to determine readability
• Results are given as a grade level
What grade level do you think this is?

Paragraph A – *It makes good sense that premature births and newborn illnesses are decreased by early pregnancy care. The doctor is actively involved in testing the pregnant woman for pregnancy-induced diabetes and a host of other problems that would not be detected by the patient alone. We know that these problems cause premature births and illnesses in newborns. It certainly makes sense that earlier detection and treatment of these problems by the doctor results in healthier babies.*
How About This One?

**Paragraph B** – *If you are pregnant or think you may be pregnant, call for an appointment right away. Getting care early in your pregnancy will help you have a healthy pregnancy and a healthy baby. Your PCP (or an OB-GYN doctor) will give you certain tests to make sure everything is going well. If there are any problems, it’s good to find them early. That way, you have the best chance for a healthy baby.*
Or This One?

**Paragraph C** – *If you are pregnant or think you might be, go to the doctor as soon as you can. If you start your care early, things will go better for you and your baby. Your own doctor or a childbirth doctor will give you a first exam. Tests every month or so will let you know if all is going well. If there is a problem, you’ll know it right away. Then we can do what is needed. Early care is the best way to have a healthy child. Your baby counts on you.*
Tools for Determining Readability

Flesch-Kincaid readability tests
• Developed in 1943 and amended in 1975
• Now uses grade-level as it’s scoring system
• Used widely by educators to improve communications – still most used and most reliable formula

http://flesch.sourceforge.net/ - a free Java application that calculates the Flesch-Kincaid grade level score
Tools for Determining Readability

**Microsoft Word**

Click on FILE tab  
Then Click on Options  
Then Choose Proofing
What do the Grade Levels Mean?

**EASY**
- 4th Grade
- 5th Grade
- 6th Grade

**AVERAGE**
- 7th Grade
- 8th Grade

**DIFFICULT**
- 9th Grade (may be average or difficult depending on how well the reader knows the content)
- 10th Grade and higher
Reminders about Readability

• Sometimes a longer word is a more familiar word
• Sometimes the patient/caregiver may need to know the longer word for the instructions to make sense
• Breaking up a longer sentence may reduce its cohesion
• You also want to pay attention to font size
ESSENTIAL ELEMENTS CHECKLIST
How do you make a PB&J?
So How Did We Get the Paper Written

• Actually do what you are attempting to write about
• Document each step as you do it so you don’t miss anything
• Read through it to make sure it makes sense
• Give it to an office staff member (who isn’t clinical) to test it
Next Steps

• Proofread for spelling or grammar mistakes
• Check the readability
• Keep it as short as possible – lengthy instructions can be overwhelming
• Add visuals, if appropriate
• Have it approved by management/legal
• Introduce it to nursing and pharmacy staff
• Ensure that everyone is now using this tool
Cultural Competency/Translation

• If you have a foreign speaking patient population, you need to provide educational materials in their native language
• There are many translation programs online
• If you use one of them make sure that your document is checked by someone that speaks the language and also is familiar with medical terminology

Age Appropriate Teaching Materials

• Does your company care for pediatric or adolescent patients? Do you want to develop a brochure or booklet aimed at that audience?

• Is your patient population elderly? Is your font size large enough and dark enough for them to easily read it?
THE OFFICE-BASED EDUCATOR VS THE HOME-BASED EDUCATOR
Over the Phone vs Face to Face

• Office-based educator – typically the pharmacist
  – Teaching is done via telephone
  – Requires more details because the patient can’t see what you are describing

• Home-based educator – typically the nurse
  – Face to face teaching
  – Easy to demonstrate and evaluate how the patient is doing
Tips for the Office-Based Educator

• If not a nurse, accompany a nurse on patient visits or observe in the infusion suite
• It is very important to be familiar with all of the equipment the patient is using
• Keep a copy of the written directions and frequently used supplies at your desk for reference
Tips for the Office-Based Educator

• Speak slowly and clearly
• Ensure that you and the patient are talking about the same thing
• Have the patient repeat/validate that they have done what you asked them to do
• Speak in simple terms, not medical jargon
• Remain calm and praise the patient
MOBILE APPS FOR PATIENT EDUCATION AND TELEHEALTH
Should Your Patient Get Their Info Here?
Mobile Apps

- Patients have a huge array of healthcare apps to choose from
- There is little guidance on quality or support from their physicians
- There are efforts underway in the US and the UK to provide professional guidance
- Apps to date do not fit well with the greatest spend areas of healthcare – patients with chronic illnesses typically over aged 65
Mobile Apps

• Because of lack of evidence of the benefit of mobile apps, it may be best to develop training videos, or web-ex modules for patient education based on company policies

• The videos and web-ex modules will need to be reviewed by a multidisciplinary team, including legal, just as with any written teaching instructions
Mobile Apps

• Mobile technology has become a vital part of patient monitoring using a telehealth model. Vital signs, patient’s weight, contractions during pregnancy, etc. can be monitored by a remote health care professional.

• A resource for information on Patient Apps is available at http://www.imshealth.com
GLOBAL PATIENT EDUCATION STANDARDS
Global Patient Education Standards

• There is currently no international standard regarding patient education
• There is a guidelines project underway that will target adult and pediatric patients requiring infusion therapy in the home setting in Canada and the United States
• Target users include registered nurses who provide home infusion and administrators responsible for policy development
Topics to be Considered

• Patient/caregiver criteria for self-care
• Principles of asepsis
• VAD selection
• Assessment of VAD site & patency
• Accessing VAD
• VAD site care

• Infusion Therapy/Equipment
  – Storage of supplies
  – Tubing and bag changes
  – Infusion devices
  – Administration sets

• Complication prevention and management
Questions?
References

