Patient Education Basics

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Patient Education
• The goal of patient education is to assist patients in obtaining knowledge, skills or attitudes that will help them attain behaviors that will maximize their potential for positive health outcomes.

Patient Education
• Patient education involves not only giving the patient information but receiving information from the patient.
• As health professionals we have to temper our desire to spend so much time informing the patient that we don’t hear the patient/client or their needs.

Patient Education
• Before we provide information, we need to hear from the patient/client.

Patient Education
• Why are you there?
  • You are there to bring about behavioral change.
• What do you need as a health professional?
  • You need information from the patient about their needs, experiences, attitudes, situational information; all of which impact their health.

Patient Education
• Eliciting information is an active process that involves information exchanges – it is not something done to the patient but with the patient.
• If you’ve gained entry to the patient’s home, you’ve been invited into her world; this gesture reflects some desire on the patient’s part to receive something you are offering as a RFTS worker.
Role Play/Exercise

Assessing Patient Need

- You need to obtain information:
  - Asking questions is easy...it can become routine, controlling, and overused to exclusion of informing and listening. I call this the question and answer trap.
  - For example: How much do you smoke? Next question. When did you start smoking?
  - This approach gets you an answer but it also evokes resistance.
  - This question and answer format is not how you visit/interrelate with friends, so why do we think it will work with the pregnant patient?

Assessing Patient Need

- Avoid institutionalized questioning as the dominant style.
  - For example: You are in the home; you see ash trays, cigarette butts. It is a safe assumption someone smokes. You do not have to zero in on smoking and its harmful effects at that very moment.

Assessing Patient Need

- Let the patient talk.
  - RFTS Worker: Thank you for inviting me into your home. I’d like to spend some time just talking; is that ok with you?
  - Patient: Yes
  - RFTS Worker: I have information about diet, decreasing stress, smoking, all kinds of things. But I’m more interested in hearing from you. You invited me to visit; is there something I can help you with?

Assessing Patient Need

- This mutual participation model is a model of negotiation. This model assumes both the patient and the health professional to be equal members of the interaction. You are working together, sharing information and reaching agreement on the service menu.

Assessing Patient Need

- The patient’s own experiences provide clues for the most effective plan. You are a facilitator, as well as an educator helping patients to help themselves.
  - You are not abandoning the behavioral change agenda/medically sound advice, but it does mean that you will base education on information you gained from the patient.
The Art of Negotiation
- In terms of patient interaction, negotiation is a foreign term because health professionals believe that our help or advice will be followed because we offered it.
- In negotiation there is a “big” chance that patients will decline/reject our offerings; i.e., smoking cessation.

Respecting Boundaries
- As the health professional, you’ve communicated information about a health behavior recommendation.
- When the patient indicates they do not want to address a health behavior change…look for alternatives.
  - Patient is a heavy smoker…2 packs per day
  - Patient’s doctor has counseled her to discontinue smoking
  - Patient says, “I enjoy smoking. I like cigarettes.”
- RFTS worker needs to recognize the futility of negotiation.

Respecting Boundaries
- The care plan is a process of contracting that allows the patient to tackle issues she feels is important.
- As the health care professional it is your job to monitor tasks and reinforce progress as tasks are accomplished.
  - **Cue:** I loved the story about the Mom who had been incorrectly mixing formula.
    This did not require a lifestyle change, but it was a life changing event.

The Art of Negotiation
- Conflict and rejection occur if we blindly follow protocol offerings, do not listen to the patient/client, and do not identify patient feelings/barriers that affect patient behavior.
- Negotiating individual areas of agreement and disagreement provides a forum for discussion of alternatives. In the case of smoking, there is opportunity to suggest that the patient could reduce the number of cigarettes they smoke daily.

Respecting Boundaries
- RFTS worker says:
  - You know why you are being encouraged to quit smoking.
  - I am also certain you’re aware of the warning labels/messages on the cigarette package.
  - If you change your mind about smoking or even consider reducing the number of cigarettes you smoke, I can help.
  - Let’s continue our work on the other issues we’ve identified; i.e., income assistance, food scarcity, infant care instruction, whatever.

Protecting Boundaries
- Recommendations, like smoking cessation and safety issues attributed to domestic violence, are complex and difficult for the patient and for the RFTS worker.
- Do not expect the patient to have complete success, even though it is your wish for her.
- Failure to recognize that major health/lifestyle changes may have to be tackled by establishing short-term goals, could result in the patient and you becoming disillusioned and disappointed.
Protecting Boundaries

- Although the RFTS worker and the patient may agree on the ultimate end, the goal may be more easily reached when tackled in small steps.
- While the goal may be to have the patient stop smoking completely, a more realistic goal and point of negotiation might be to establish a maximum number of cigarettes she’ll smoke daily.
- Establishing the goal of a maximum number of cigarettes per day is specific and observable, and will help the patient carry out the plan.

Protecting Boundaries

- Do not ask patients to make more than one major lifestyle/behavior change simultaneously.

Stages of Change Model

(Prochaska and DiClemente)

- Precontemplation: Person is not ready to consider a change in health behavior or is unaware of the need to change.
- Contemplation: Person is ambivalent; both considers and rejects change.
- Preparation: Person is open to change and preparing for change (often in the next month).
- Action: Person is engaging in change and treating for change.
- Maintenance: Person is maintaining a change that has already been made.

Reinforcing Behaviors

- Since “improved health” is an illusive notion, patients need to have their efforts acknowledged.
- The best way to reinforce positive behavior is to praise the incremental successes by listening and talking with the patient.
- Suggest the patient keep a diary…she can track the number of cigarettes smoked or not smoked; she can record times and event/cause of frustration/anger…this helps the patient remember the plan of care/contracting and provides you cues as to how to address the issue.

Truths

- About Patients
  - Patients have the ability to understand.
  - Patients have the right to decide on their plan of care/action.
  - Patients know.
  - Patients want options.

Truths

- About Us
  - We need to be prepared.
    - Cues: Did we review the PRSI? Did we speak to the patient’s physician about concerns not on the PRSI? Did we have resource materials?
  - We do not have all the answers.
  - We need to be open to all information – good and bad.
  - We are not responsible for patient behavior change.
  - Our job is to shine the light.
Final Truth

People Can Change