CHAPTER

55 Patient Education

Learning Objectives

After completing this chapter, you should be able to:

55.1 Define and spell the terms for this chapter.
55.2 Explain patient coaching as it relates to health maintenance.
55.3 Explain patient coaching as it relates to disease prevention.
55.4 Explain patient coaching as it relates to treatment plan compliance.
55.5 Describe elements that a medical assistant must understand when developing patient-centered education.
55.6 Explain how patient education would be adapted for a child.
55.7 Explain how patient education would be adapted for patients with special needs.
55.8 Explain how patient education would be adapted for an older adult.
55.9 Identify how cultural diversity impacts patient education.
55.10 Describe how community resources can benefit patients.

Case Study

Pearson Physicians Group has decided to begin offering group patient education classes for its patients who struggle with a variety of health-related issues. The office manager, Tania Washington, will organize the classes. Although the physicians will retain final approval on all decisions, they have given Tania a lot of freedom and responsibility for designing the new patient education programs.

Terms to Learn

assessment
community resources
compliance
dexterity
document
evaluation
implementing
noncompliance
patient coach
plan

Patient education is an important component of health care delivery and treatment. In fact, patient education is a right: All patients have the right to receive information on how to manage their own health needs. You, the medical assistant, will often be the staff member who provides physician-approved patient education. The rapport between a patient and a medical assistant—the patient's ability to relate to the health care team—is critical in this process. Patients will get to know you as you escort them into the examination room, assist during the examination, and summarize and review information with the patient when the exam is complete. The patient's familiarity and comfort level with you helps the learning process.

THE PATIENT COACH

Medical assistants play an important role throughout the process of patient care as a **patient coach**. As the name implies, a patient coach helps the patient by providing support, explaining things that might be difficult to understand, serving as a source of encouragement and help, and educating patients on a variety of topics. It is important for the medical assistant to understand that any information that could be perceived as patient education must first be approved by a physician or other licensed health care provider (such as a registered dietician or physician's assistant) before being shared with a patient. As a patient coach the medical assistant may help educate patients in the areas of health maintenance, disease prevention, and treatment plan compliance, just to name a few. Medical assistants must also understand how to coach patients who are noncompliant.

Health Maintenance

Educating and coaching patients regarding health maintenance involves a variety of issues. Health maintenance centers on the idea of a patient's overall wellness. Wellness is the ongoing process of practicing a healthy lifestyle (Figure 55-1). Balancing physical and psychologic stress and reducing overreaction to stressors can improve wellness. Patients must choose to practice behaviors that improve wellness and decrease illness. Proper coaching from you, the medical assistant, can empower the patient to make positive life changes. Some of the life changes that should be encouraged include a proper diet (this is discussed in the chapter titled "Nutrition"), exercising at least 30 minutes a day for five days a week, and the proper use of multivitamins.

FIGURE 55-1 Patients must understand that there are many pieces to the wellness puzzle that need to be addressed in order to maintain a healthy life.

TABLE 55-1 | Wellness Guidelines

- Keep a positive attitude.
- Cherish your values.
- Exercise your mind, body, and spirit.
- Control your stress.
- Soothe your fears.
- Think happy thoughts.
- Stay active.
- Challenge your mind.
- Forgive and forget.
- Avoid dangerous drugs.
- Watch your sugar intake.
- Walk briskly.
- Enjoy the outdoors.
- Maintain a healthy weight.
- Eat a well-balanced diet.
- Rinse fresh fruits and vegetables before eating.
- Practice cleanliness.
- Take medications as directed.
- Stop smoking.
- Lower your blood pressure and cholesterol.
- Learn to breathe deeply.

Role-modeling healthy behaviors is important. If your uniform or breath smells of cigarette smoke, it is unlikely that the patient will respect your teaching on smoking cessation. Positive reinforcement when a patient performs can be very powerful. If you commend the patient for doing even a little bit of exercise, the patient will be more likely to continue exercising and develop a healthy habit after being recognized for making an effort. See Table 55-1 for some wellness guidelines that can be taught to patients. These guidelines can be discussed during patient education sessions that focus on overall wellness and the patient's health.

In a world saturated with advancing technology, smartphones, and tablets, there is an increasing number of applications (apps) focused on health and wellness and improving a patient's health. These apps are often interactive, requiring the user (the patient) to record achievements and data. For example, MyFitnessPal® has both a free website and free apps that allow users to keep track of daily caloric intake and exercise. For additional motivation, such resources often allow the user to post his successes and accomplishments directly on social media sites such as Facebook, Instagram, and Twitter for additional support and encouragement from friends.

Disease Prevention

The field of medicine deals with diagnosing and treating those who are sick and unhealthy. It is incredibly important in today's society, to focus on preventative measures that can reduce risk for illness and disease. As mentioned previously, health and wellness plays an overall role in patient coaching and education, but so does the topic of disease prevention.

TABLE 55-2 | Common Risk Factors

- Smoking or tobacco product use
- Poor physical fitness
- High alcohol intake
- Poor diet and nutrition
- Disregarding auto safety measures
- High stress level
- Occupational health and environmental hazards
- Drug abuse
- Lack of immunizations
- Poor dental care
- High or very low blood pressure
- Family history of cancer, heart attack, stroke, or diabet
- Unsafe sexual practices
- High or very low heart rate
- Unhealthy body mass index (BMI)
- Risk-taking behavior

Obviously, it is preferable that patients not become s
Many illnesses are related to lifestyle behaviors—for exa
ple, smoking tobacco, overeating, and lack of exercise. C
tinuously high stress levels can affect the immune syst
Drug abuse leads to addiction and toleration of medicatic
On the other hand, routine immunization and diagnos
tests can prevent diseases. Sometimes it is necessary to re
force the importance of even simple daily tasks that can p
a role in disease prevention, such as basic hygiene. Pro
handwashing techniques, coughing into an elbow, da
bathing and grooming habits, including proper dental ca
are all components of disease prevention.

Patients must also be able to identify personal risk fact
for disease so that they can be encouraged to address th
factors and take action to control the future of their healt
Table 55-2 identifies common risk factors that often lead
disease. The ability to tactfully and professionally discu
these items with patients is an important component
patient coaching.

Treatment Plan Compliance

An important aspect of healthcare is patient **complianc**
with the treatment plan. This refers to the patient's abilit
to follow through on all suggestions and orders as given b
the physician. For instance, a patient who has diabetes ma
have a treatment plan that requires oral medications to b
taken on a daily basis, at-home blood glucose monitorin
three times a day, routine bloodwork every three months
and routine office visits. In order for a patient to be com
pliant with a treatment plan, the patient must understan
all of the components of the plan and why the plan is neces
sary for health and wellness. Medical assistants coach
patients so that they not only understand but also have th
tools to comply with treatment plans. For the diabetic

FIGURE 55-2 A medical assistant coaches the patient in all aspects of treatment plan compliance, including how to perform at-home testing, such as blood glucose monitoring.

patient, for example, the medical assistant will coach the patient by helping the patient understand why certain medications have been prescribed and how to take the medications properly; provide a flowsheet or daily log book so that the patient can keep track of daily glucose readings; explain how to perform at-home blood glucose monitoring (Figure 55-2); and ensure that routine checkups are scheduled accordingly.

Impact of Finances on Patient Education

Finances can have a huge impact on the patient. The patient may want to comply with a treatment plan but may be inhibited in doing so because of lack of money. Creating an environment in which the patient is free to share monetary information, including financial struggles, without shame will help the patient be more open and will create a trusting rapport. For example, if a patient lacks funds for a special diet, an alternative diet can be created. Or, if a medication is extremely costly and the patient is unable to pay for continued treatment, you or the physician may be able to help the patient obtain medications at a reduced rate or zero cost from the pharmaceutical manufacturer through patient assistance programs. Some patients may not be able to afford good shoes for an exercise program, have available transportation for appointments, or be able to afford pharmacy items not covered by insurance. The wise and efficient medical assistant will create a list of local resources that can help patients who need financial assistance and provide the information in a discreet and nonjudgmental manner.

Handling Noncompliance

Noncompliance—that is, not following a physician's orders—can seriously jeopardize a patient's health and recovery. For instance, a patient with hypertension who fails to take prescribed medication can develop uncontrolled hypertension and have a stroke or heart attack. In addition, health care costs escalate with noncompliance, because disease processes progress and worsen, leading to other health complications.

JUDGMENT CALL

Anthony Pope is a well-established patient and close friend of the physicians in your office. You have just finished reviewing how to use a glucometer and explained the education related to recording his daily blood sugar readings and prescription information. You sense that Mr. Pope is not very attentive and seems increasingly distracted. He finally admits that he recently lost his job and his health insurance. He doesn't know where the money will come from to pay for medication and supplies to treat his newly diagnosed diabetes. He asks you to promise not to tell the physicians about the loss of his job, because he is embarrassed and doesn't want charity. How should you respond to Mr. Pope's request?

Various studies have tested the compliance level of patients afflicted with certain diseases and conditions. For inpatients who had had heart bypasses or were on hemodialysis, the compliance level was around 50 percent. By contrast, patients with cystic fibrosis, a serious disease causing respiratory problems and failure, were found to be more than 80 percent compliant with their medication regimen. This compliance was attributed to the possibility that these patients and their families perceived and may have experienced the very serious consequences of failing to take cystic fibrosis medications.

Lack of compliance may be indicated by failure to:

1. Take medication as ordered
2. Return for follow-up appointments
3. Practice dietary changes
4. Follow an exercise program

Noncompliance regarding following instructions is a problem for all age groups, but children have the least problem as long as their parents are compliant and assist them. Patients who have formed a positive relationship with their health care provider, physician, and other staff, including medical assistants, have been found to be more compliant with treatment plans and follow-up care.

One of the best methods for encouraging patient compliance is to convey to the patients the knowledge they need to make educated decisions about their health care.

In addition to having greater knowledge, the patient must also want to comply. As a medical assistant, you can reinforce learning and reduce noncompliance by working out a follow-up plan that includes a regular evaluation of

TABLE 55-3 | **Patient Education Follow-Up Plan**

Objective	Performance	Date Needed
Self-administer insulin injections with 100 percent accuracy.	1. Understand types of insulin.	2/14/YYYY
	2. Practice drawing up insulin × 3.	2/14/YYYY
	3. Practice injection on anatomical model × 3.	2/16/YYYY
	4. Demonstrate on patient by instructor using saline.	2/18/YYYY
	5. Return demonstration using saline.	2/18/YYYY
	6. Inject insulin.	2/18/YYYY
	7. Follow up to check technique.	3/1/YYYY

progress. This plan should include an objective stating what the patient should be able to do, along with a date indicating when the objective should be accomplished. Table 55-3 is an example of a patient education follow-up plan.

UNDERSTANDING AND DEVELOPING PATIENT-CENTERED EDUCATION

The patient education process begins with **assessment**, or evaluation of the patient's needs. For example, a patient may need to lose weight to decrease stress on joints, prevent or reverse obesity, promote fitness, and increase life expectancy. The next step is to **plan** or determine how to begin the task of teaching. Perhaps you could give the patient a pedometer and suggest walking for 20 minutes each day.

Implementing the plan involves teaching the patient specifically what to do. For example, you could teach the patient how to use the pedometer, select proper exercise shoes, set walking goals, and record daily walking distance. It is helpful to have examples in the office of materials you are suggesting the patient should use. You might show or provide the patient a notebook set up as an exercise log. Have a pedometer available to show the patient and explain. You might also have sample walking shoes to show the patient. You could put together a chart with a drawing or photo showing good walking gear such as shoes, pedometer, water bottle, sunglasses, and comfortable clothing (Figure 55-3).

Next, you must **document** the teaching you have done by charting it in the patient's health record to ensure continuity of care. Finally, at the patient's next office visit, you may remind the physician to ask the patient how the exercise plan is going; this phase is called **evaluation**. Using electronic health records (EHRs) gives you the ability to place reminders in the patient's record regarding upcoming visits and other needs related to patient care. This tool can be a helpful asset for the evaluation of patient education.

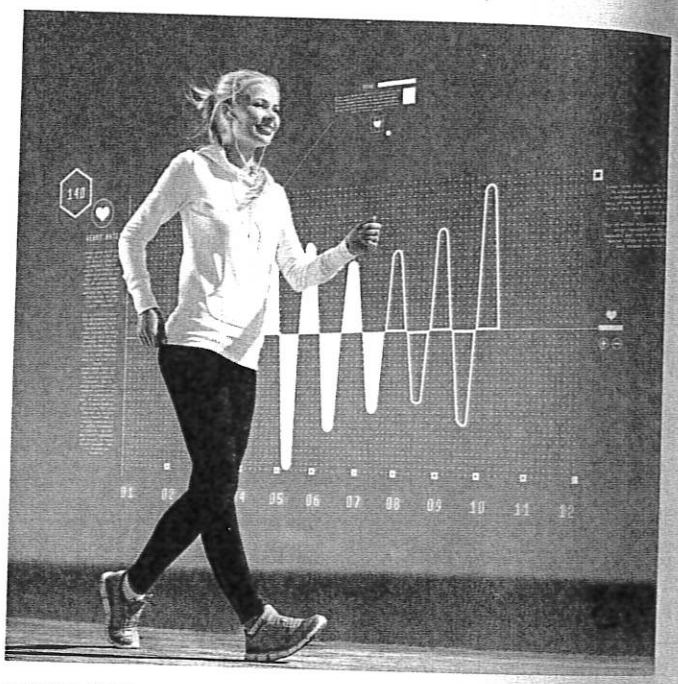

FIGURE 55-3 Visual aids, such as examples of proper walking shoes and a pedometer, or an illustration showing someone properly dressed and equipped for walking, can provide the patient with an additional level of understanding.

After evaluating the effectiveness of the teaching plan, and once the patient has demonstrated understanding and compliance with the plan, new teaching plans can be constructed. For example, the physician might decide, as the next step toward good weight management, to teach the patient how to modify caloric intake.

As mentioned earlier in the chapter, it is important to understand that the physician must always order the patient education that is required for patients. Patient education is not something that you, as a medical assistant, can choose or decide is necessary for a patient without the approval of a physician or other licensed health care provider. Many times physicians and medical assistants work together to determine the best methods and materials to be used for patient education (Figure 55-4).

FIGURE 55-4 The physician and medical assistant often work together to choose appropriate educational materials for patients.

How Adults Learn

Most of the patients you teach will be adults. If children need instruction, their parents should be present so they can reinforce the teaching, although communication must be adapted to the learner's level of comprehension. Some specific learning concepts, however, relate best to the adult based on language skills, previous experience, and motivation.

Adult learning is an active process, and adults prefer to actively participate. Therefore, activities and techniques that call for participation, such as role-playing and demonstrations (e.g., demonstrating the use of a glucometer), will achieve more and faster learning than those that do not. For example, a lecture is not as useful as role-playing for patient learning. Patient education sessions should begin with explaining how and why the training will help the patient. Using the previous example, you might explain to the patient that using a pedometer is an easy method of recording exercise and that it is important to incorporate exercise into daily activities to promote a healthier lifestyle.

Learning must be self-directed for adults. In health care settings, patients must be taught the advantages of healthy lifestyles and how to achieve their goals. Practical application of learning is desired by most adult learners, and learning that offers the opportunity for immediate application will be retained longer. For example, consider a patient in an obstetrician's office who has just been told she is pregnant. She is eager to prepare and do what is best for her and her new child. This is an excellent time for you as a medical assistant to refer the patient to community resources that can offer guidance and assistance on issues like preparation for childbirth, prenatal nutrition, CPR/first aid, and child care courses. Sometimes the physician asks medical assistants to compile a list of community resources that can be recommended to patients.

Adults often prefer a group-learning atmosphere because of the mutual support a group setting offers. For learning to be effective, it must be reinforced. This can be done either through group activities or by the educator. Weight loss centers have used the technique of positive reinforcement effectively by announcing successful weight loss of group members to encourage and support members during meetings where the leader and members of the group share ideas about what has worked for them.

Motivational incentives for adult learners include better health, improved appearance, pride of accomplishment, self-confidence, and praise from others. In addition to frequent praise, the adult learner learns more rapidly when made aware of progress.

Teaching Methods

Teaching methods are chosen and based on characteristics and preferences of the learner. Methods can range from providing printed brochures and handouts to a single patient, to showing an instructional video to a group of patients. Rather than using one teaching method or technique during patient education, use a combination to enhance patients' learning experience while maintaining their interest. For example, when instructing a newly diagnosed diabetic patient, a combination of brief lecture, models of anatomical sites for injections, injection procedure demonstration, printed handouts, diagrams of injection site rotation, and videos might all be used at different points in the education process. Box 55-1 lists tips on how to prepare printed

BOX 55-1 | Creating Easy-to-Read Instruction

1. Begin the material with a short introduction to state the purpose and to orient the reader.
2. Use titles and headings that clearly define the topics.
3. Use boldface, italics, or underlining to emphasize important words and ideas.
4. Use a summary paragraph to end a section or recap important points.
5. Use one important idea per paragraph.
6. Start each paragraph with a strong topic sentence.
7. Vary the length of sentences.
8. Use frequent examples to clarify ideas with which the reader may not have had experience.
9. Use active rather than passive voice.
10. Avoid polysyllabic words. Use shorter words when possible.
11. Avoid using a specialized vocabulary such as medical terminology.
12. Avoid medical abbreviations and other abbreviations except when commonly understood.

material with easy-to-read instructions, and Guidelines 55-1 describes additional means for improving instruction. Both of these resources are helpful to consider when completing Procedure 55-1, which details patient coaching in regards to disease prevention and smoking cessation.

Guidelines 55-1

Effective Health Instruction

1. Always address the patient by name. Do not use the patient's first name unless you have been directed or have asked permission to do so.
2. Be well organized. Have all of your teaching materials, models, and brochures together so you will not have to leave the patient during the education process.
3. Have either a verbal or written order from the physician for teaching medical procedures, such as for self-injection.
4. Assume the patient can learn. Do not equate intelligence level with education level. Avoid talking down to patients.
5. Write or print instructions large enough to be clearly read by the patient.
6. Do not overwhelm the patient with technicalities. The patient does not have to know everything you know.
7. Do not use medical abbreviations when discussing medical procedures or conditions with patients.
8. Define necessary medical terms for patients using simple explanations. Never use "street language" to discuss bodily functions. However, if the patient does not understand, you may have to adapt some medical terms to more common terms or expressions (e.g., "peeing" for urination).
9. Correct patient errors during the learning process without harsh judgment. Reemphasize the correct information.
10. Do not teach by performing the procedure over and over for the patient. Give a demonstration of a procedure, such as drawing up insulin for the diabetic patient, then immediately allow the patient to practice. If the technique is not perfect, reinforce learning by having the patient perform the procedure again. Provide praise when the patient does a procedure correctly.
11. Establish a quiet, unhurried, nonthreatening atmosphere for patient education. It should not be conducted in a waiting room or hallway.
12. Remember that if a patient is facing you as you demonstrate a procedure, such as bathing an infant or performing CPR, the patient's hands will be reversed when performing the procedure. Whenever possible, have the learner stand next to you during a one-on-one demonstration.
13. Avoid criticism. Always stress the positive with comments such as "You're doing fine. Let's try it one more time."

Learning Environments

It is important to create a good learning environment when coaching a patient. Patients are inclined to be more open to learning and honest about situations if they have a sense of privacy. It is ideal if patient education can take place in a well-lit, private room. Sometimes leaving patient education materials in the examination room allows patients to discreetly take brochures. If you are required to teach a patient how to use equipment, you should have it available for demonstration. For example, if a patient with diabetes is learning how to check blood sugar with a glucometer, you should teach the procedure using a model similar to the glucometer the patient will use at home. If the patient asks you a question that you cannot answer, be honest with the patient and explain that you will get back to the patient with the answer. You might choose to say, "That is a great question, Mr. Ghang. I will be sure to find out the answer before you leave the office today."

In addition to the physical aspects of creating a beneficial learning environment, it is important to understand that the learning environment is also cultivated by language and communication. Using language and communication skills that are not suited to the learner creates roadblocks to effective patient learning. Some roadblocks include:

- Ordering, commanding, and directing the patient to learn through force or negative tones
- Warning or threatening remarks ("If you don't do this, you may die")
- Moralizing or preaching ("ought to do," "should do")
- Judging
- Criticizing
- Name calling, stereotyping, labeling
- Sarcasm
- Anxiety
- Culturally inappropriate treatment plans
- Speaking loudly to a blind person
- Age-inappropriate speech

Culture influences learning and can affect readiness, values, feelings of inclusion, what aspect of learning the patients choose, and how they apply it in their own homes. Use of personal space, distances maintained, facial expressions, body movements, gestures, and expressions can be misinterpreted in certain cultures and must be considered when educating a patient.

PROCEDURE 55-1

Providing Patient Education on Disease Prevention: Smoking Cessation

Objective ◆ *Coach a patient on disease prevention in regards to smoking cessation using brochures and approved literature.*

EQUIPMENT AND SUPPLIES

Computer; computer software program that allows the creation of a brochure or flyer; computer paper; printer; pen; phone book; Internet access

METHOD

1. Consider the importance of providing patient coaching related to smoking cessation. Decide the focus of your patient education and coaching session.

   **For example: Will you provide statistics related to the hazards of smoking? Will you include a video presentation from a reputable resource? Will you provide examples of coping mechanisms that patients can use when they feel the urge to smoke?*

2. Using the Internet and reputable websites, search for education materials related to smoking cessation.

   **You may be able to find flyers and brochures that can be printed and immediately used, or you may choose to create your own flyer.*

3. Find or create at least three pieces of information that can be used during the patient coaching session regarding smoking cessation. A short video clip could be one source of patient information, assuming it is educationally appropriate and from a reputable medical source.
4. Print all of the necessary materials for the patient, and have your instructor approve the materials.

   **In the medical office, the physician approves patient education prior to it being distributed.*

5. Organize the printed information, and practice how this information will be presented to the patient. You may want to write a short script of what you want to say.
6. Role-play the patient coaching scenario with a fellow classmate, making sure each student has the opportunity to play the role of the MA/patient coach, and present the material on smoking cessation.

Teaching Resources

Teaching resources are available for purchase or can be developed in the office. When creating a plan for patient education, you may need to use DVD players, compact discs, videos, or pamphlets. A variety of resources can come from companies that frequently do business with the medical office. For example, pharmaceutical companies and medical device manufacturers provide their representatives with educational pamphlets and brochures that pertain to the medications and products they create and the disease conditions for which they are treated. For this reason, pharmaceutical and manufacturer representatives can be valuable resources for you as a medical assistant. Free videos regarding disease management can be found on the Internet and websites such as YouTube. However, it is always important to make sure that the source providing the video is reliable and reputable. Pharmaceutical company websites also provide patient videos and educational tools. Table 55-4 lists reputable websites for patient education.

Electronic Health Records and Patient Education

Many of the offices that use EHRs send out targeted patient education information via e-mail. For instance, when an office uses EHRs, the patient's diagnosis and procedures are documented within the electronic record. The office is able to query its records and obtain diagnosis-specific information that can be e-mailed. For example, the system could search for all patients with a diabetes diagnosis. Once the patient data has been gathered, an e-mail can be sent out to all diabetic patients about coping with their diabetes during holidays. This type of system requires an authorization from the patient allowing the office to send such e-mails, but it is an efficient and cost-effective means to deliver patient education.

don't speak so slowly that it is insulting to the patient. Be sure you do not stand with your back to a window or light source because such positioning will cast shadows over your mouth. Remove barriers or face masks when speaking to clients with hearing impairments. You may need to hire an interpreter for a deaf patient. This often comes at an expense to the medical office. For patients who are hard of hearing, it may be helpful to get a microphone to boost the volume of your voice. In such situations, always be mindful of the patient's right to privacy, ensuring that other patients are not able to hear health information that should be privately guarded. Always provide detailed and specific written instructions to clients with hearing impairments. Procedure 55-2 establishes how to provide effective patient education for the hearing-impaired patient.

The Visually Impaired Patient

Patients who have visual impairments may not be able to read written instructions unless the type is very large—and some will not be able to read at all. To help these patients, you may need to make audio-recorded instructions of information that is usually written. This might be done using the patient's own recording device, such as a handheld voice recorder (Figure 55-6) or an app on the patient's smartphone or tablet. Be sure to clear clutter from the office and hallways that might impede the patient, and ask if the patient would like a guiding arm while navigating the examination room.

Developmental Delays, Mental Challenges, Illiteracy, and Language Barriers

Patients who have developmental delays or are mentally challenged may have trouble understanding complex or

PROCEDURE 55-2

Coaching Patients with Consideration of Communication Barriers: A Hearing-Impaired Patient

Objective ◆ *Instruct a hearing-impaired individual to prepare for outpatient surgery by creating a packet of information for postoperative care.*

EQUIPMENT AND SUPPLIES

Computer; word processing software; printer; printer paper; notepad; pen; stapler

METHOD

1. Using a computer with word processing software, create a postoperative instruction packet for a hearing-impaired patient. Include the following information:
   - When to resume activities such as walking, driving, and exercising
   - Incision wound care and dressing changes
   - Postoperative diet
   - Medications
   - Follow-up care
2. Double-check the information for accuracy, spelling, and grammatical errors.
3. Print a copy for the patient and save one copy in the patient's health record. Save a digital file for EHRs or place a printed copy in a paper health record. Have the physician review and approve the packet before giving it to the patient.
4. Face the patient so your lips can be read easily.
5. Greet and identify the patient. Introduce yourself if you haven't worked with the patient yet.
6. Discuss the contents of the postoperative instructions with the patient.
   a. During discussion, always face the patient.
   b. Do not read the information from the packet in a hurried manner. Take frequent breaks, and make eye contact with the patient to ensure understanding.
7. Obtain feedback from the patient to show understanding.
   a. Have a notepad and pen available so that the patient can write down questions and answers.
8. Give a copy of the information to the patient.
9. If paper health records are used by the facility, have the patient sign one copy of the packet and file it in the health record. If EHRs are used, scan a copy of the signed brochure into the health record and save it to the appropriate location.
10. Document that patient education was completed and that the patient received and demonstrated understanding of the information.

CHARTING EXAMPLE

11/10/YY 2:45 P.M. Instructed patient on postoperative instructions as highlighted in attached brochure. Patient demonstrated understanding and did not have additional questions.....
.....Emily Blodgett, CMA (AAMA)

TABLE 55-4 | **Reputable Websites for Patient Education**

American Lung Association	Smoking cessation, asthma, hay fever, lung cancer (www.lungusa.org)
American Diabetes Association	Nutrition and recipes, weight loss and exercise, diabetes prevention and management (www.diabetes.org)
American Heart Association	High blood pressure, controlling cholesterol levels, diet and nutrition (www.americanheart.org)
Alzheimer's Association	Living with Alzheimer's, guides for caregivers (www.alz.org)
American Parkinson Disease Association	Local support groups (www.apdaparkinson.org)
Centers for Disease Control and Prevention	Information and education pertaining to vaccinations and conditions such as hepatitis, tuberculosis, environmental health issues, and a variety of general health topics (www.cdc.gov)
Hospice	Guides for caregivers of and patients with terminal illnesses, talking to children about death, pain control, advance directives, finding a local hospice, healing after a loss (www.americanhospice.org)

PATIENT COACHING AND EDUCATION: MEETING PATIENT NEEDS

Patient education must be adapted to fit not only the learning style but also the special needs of the patient. These special needs or unique situations require additional consideration when planning educational teaching. Patients may have hearing or visual impairments, they may be developmentally delayed or mentally challenged, and or they might not speak English.

All patient teaching should have the goal of patient understanding and retention. With all special needs patients, you, the medical assistant, should ensure the patient understands by requesting feedback or demonstration from the patient after teaching. You may find it necessary to adjust teaching to the needs of the patient, and you may need to cover the same topic several times and in several different ways until sufficient understanding is demonstrated.

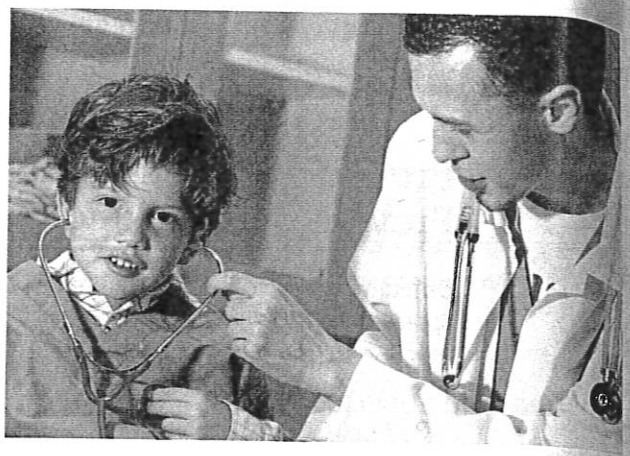

FIGURE 55-5 Children will feel more at ease and have a better learning experience if they are allowed to touch and feel certain items and have pretend play.

Teaching Children

Children have special educational needs and should not be treated as small adults expected to remember and process information above their level of learning. Patient education should be modified to the appropriate developmental stage to reach each child.

Coloring books can be used to teach concepts. Stickers can be given to reward children. Children may need to see a treatment or procedure performed on a doll before tolerating it well. Many children like to touch equipment that will be used on them, such as a stethoscope or a blood pressure cuff (Figure 55-5). Older children may like to see videos about the process of a surgery or other treatment they are expecting to have. As children age, they should be included in discussions and decision making about their health care. Older children may have numerous questions about their treatments and should receive adequate explanations in response.

When educating children about their own health issues (perhaps how a nebulizing treatment works or how to use an inhaler for the treatment of asthma), it is important to direct the education to both the child and the caregiver or parent. Always make sure that caregivers have a complete understanding of the needs related to caring for the child's health. Allow extra time to answer questions from both the caregiver and child, ensuring that both feel valued and cared for.

Teaching Patients with Special Needs

Many patients have special needs and challenges, such as sensory impairments, mental challenges, or language difficulties. Patient education must be specially adapted for these patients.

The Hearing-Impaired Patient

Patients who have hearing impairments frequently read lips. Face the patient and speak slowly, but be sure you

FIGURE 55-6 Digital recording devices can be helpful when providing patient education to visually impaired patients.

multiple-step patient education and instruction. You may need to instruct the caregiver instead or to give the patient simplified, pictorial directions. Many times, the caregiver or family member who accompanies a patient with developmental delays will assume the role of responsibility. It is important for you, the medical assistant, to be able to read body language and nonverbal cues displayed by patients and family members. It is also important, if you are directing instructions toward the caregiver, not to ignore the patient or act as if the patient isn't in the room. Make appropriate references and eye contact with both the patient and the caregiver, showing that you value and appreciate them both.

Patients who are illiterate (unable to read or write) or those who do not understand or speak English also pose special challenges. Often illiterate patients will not volunteer this information because they are embarrassed. You must be alert to behaviors that might indicate someone has difficulty with reading and writing. It is common for these patients to say they forgot their reading glasses and would like you to read something for them or fill out a form on their behalf. In such instances, it is necessary to get creative with patient education. For example, if a diabetic patient is required to check blood sugar in the morning and at night, it might be helpful to draw a picture showing a sun and moon to help the patient identify what to do. Also, always provide the patient with printed instructions and highlight or underline especially important information. It is very likely that the patient has a family member or friend who is able to read and help them.

Advanced notice and preparations can be made for the non–English-speaking patient at the time the patient's appointment is scheduled. During the scheduling of the appointment, the patient or the person calling to schedule on behalf of the patient should be asked if an interpreter will accompany the patient to the appointment or if the r office will need to provide an interpreter. Often, the prefers to bring a relative who speaks English. I instances, it is necessary to obtain the patient's writt mission to discuss health information with the inter relative. Send written instructions home with the pat a large percentage of patients in the office speak a language other than English, it may help to constru chures in that language. The effect of culture on patie cation is discussed later in this chapter.

Teaching Older Adults

Older adult patients' abilities, motivations, and soc cumstances often differ from those of younger pa Their intellectual capacity usually does not dimin merely changes. Some changes that take place as a ages include slower processing of new material, dec short-term memory, decreased **dexterity** (ability to us hands effectively), and increased anxiety over new situ These changes are discussed briefly in this section.

One type of intellectual ability is based on the i gence absorbed during life—for example, vocabulary, metic, and the ability to reflect on and evaluat experience. This type of intelligence can increase wi Therefore, the older person is able to learn quickly learning requires information acquired in the past. teaching the older adult, it is wise to explore past e ences using concrete examples, such as "Tell me ho calculate the amount of food you eat on your diabetic

Teaching methods that are useful with older adults from using handouts with large print to using video anc displays. Role-playing can be useful as long as the pa energy level can be maintained. Family members sho included in the teaching process whenever possible. adults are accustomed to being in control and may not v learn anything new without seeing the advantage of do

Slowed Processing Time

Older patients need more time to think through and new information; therefore, it is helpful for you to down information into small units. When teaching list of things, take time to explain each item on the li example, when the instructions are "Call your doctor following reasons: temperature over 99 degrees, dr from the incision, inability to take the medication, or each of these reasons should be explained separately. explanations should be accompanied by a description relationship of each item to the patient's problem. It helpful to give written instructions so the patient ca cess the instructions more slowly later (Figure 55-7).

FIGURE 55-7 Written materials can be helpful for the older adult.

Decreased Short-Term Memory

Older adult patients often have an easier time remembering what happened in the past but may have difficulty remembering newly acquired information. Learning then becomes very frustrating for them. You should work with the patient to devise methods to reinforce instruction or prod the memory. The new information should be linked to a well-known past experience when possible. Always attempt to reinforce old ways of doing things rather than introducing new behavior. For example, when teaching about the warning signs and symptoms of an infection to an older diabetic patient, ask the patient to recall the symptoms experienced in the past with an infected wound or cut.

Decreased Mobility and Dexterity

Because of arthritis and other physical changes, some older patients are not physically able to do the same things they could when they were younger. This needs to be taken into consideration when providing patient education involving certain topics. For example, advising an overweight older patient who uses a walker for mobility to get more exercise by walking for one hour a day would not be appropriate. You, the medical assistant, would need to find less demanding forms of exercise for the patient, such as water aerobics or exercises that may be done from a seated position. Also consider that some tasks requiring small muscle dexterity, such as flossing teeth and opening medication bottles, are almost impossible for an older adult with arthritis. Adaptive equipment may have to be advised for these patients.

It is helpful for you to be aware of adaptive equipment and assistive devices that are available for older patients. Durable medical equipment (DME) companies, which sell health care–related items such as wheelchairs, bathtub chairs, and oxygen supplies, often carry specialty items including adaptive supplies and assistive devices. These companies can be a tremendous resource.

Increased Anxiety about New Situations

Many changes occur in the lives of older adults. They may lose their sense of independence after retiring from a job or being told it isn't safe for them to drive anymore. Their health status may change frequently or drastically from the aging processes of the body, and they may experience personal loss through the death of close friends and family members. All of these circumstances can cause anxiety for the patient. Add a newly diagnosed medical condition, and older patients are likely to experience an increase in their anxiety levels.

As an advocate for your patients, you can help them by encouraging and building their confidence levels. Patients will relax and feel more at ease when they see that they are able to manage the situation, and learning will take place. Practice positive reinforcement and provide encouragement when they display an understanding of a new concept. This can alleviate some of the anxiety that may surface during a new learning situation.

Professionalism

While dealing with patients from a wide variety of backgrounds, you will meet people with completely different lifestyles and cultures. True professionals, although they may not believe in or agree with specific aspects of a patient's life or culture, do not judge those who live differently. It is possible to accept and appreciate a patient without endorsing or agreeing with that person's lifestyle. Never say anything to a patient that can be construed as a judgment about lifestyle. Simply accept each person for who he or she is.

Culture and Patient Education

Each patient brings a unique culture, which expands beyond a language barrier, to the educational experience. Cultural expectations can interfere with teaching. The best way to find out about a patient's culture is to ask. You can ask a patient if there is a preference for a type of education and respect those wishes. Sometimes a patient may prefer to be educated by someone who is older or a certain gender. Make every attempt to respect the wishes of the patient without taking personal offense if someone else will make the patient

Professionalism Cultural Considerations

When creating patient education materials, you may need to be sensitive to cultural considerations. Although sketches and anatomical diagrams may be appropriate for a brochure, some cultures do not approve of seeing pictures of actual body parts in patient education materials.

In some cultures, patient education includes educating family members. Male family members are often expected to assist older women with medical appointments. In some cultures, men should not see women undressed, so they may need to be excluded from a procedure or the examination room. It is important to remember the patient's right to health care. At the patient's request, family members may be included or excluded from the examination and any procedures. An example is the varied cultural view of childbirth practices. In the United States, childbirth classes can include male relatives or even friends as encouragement coaches. In other countries and cultures, only women learn about childbirth and parenting techniques.

feel more comfortable, which will create a more productive learning experience for the patient.

Cultural beliefs can impact the patient's health care. Some cultures believe that they have little control over their health. Others assume a great deal of control over balance in health. Family members may be a very important part of the treatment team in many cultures. Family members can be key allies in assisting the patient with learning and with reinforcing your teaching.

Religious beliefs also impact health and encompass cultural differences. For example, a Jehovah's Witness may refuse blood products, and Native Americans may perform a special ceremony before a treatment or procedure. Always ask the patient if special religious beliefs could interfere with the ability to comply with a treatment or if special considerations need to be made to comply with religious and cultural beliefs before or following a procedure. For example, the patient may participate in fasting for religious purposes, in which case it may not be a good time to schedule a procedure requiring swallowing barium.

COMMUNITY RESOURCES

Community resources are programs and services that are available to improve the quality of life of an individual by providing help, information, and assistance. Many patients might not be aware of community resources that are available to them. Medical assistants, as part of the duty to provide patient education and navigate services for patients, should

Professionalism The Law

You must be able to communicate with your pa
especially to obtain truly informed consent abo
tain procedures or to provide critical patient
tion related to the patient's care. A responsible medical
will hire a medical assistant or physician with good
language skills that are common to its patient demogra
If staff members are not available or qualified, the m
office will need to hire an interpreter to ensure patie
derstanding and compliance. Interpreters are not cons
office staff, but rather are contracted workers who p
billable services during a patient's medical appointmer

be familiar with resources available within their com
that can benefit and improve the lives of their patient
55-5 provides a list of common community resour
programs available in many communities. A broc
these local resources and services may be provided i
patient packet. An office policies brochure, sometime
a public relations brochure, is also given to new patie
office policies brochure details specific information ab
medical practice including office hours, payment e
tions, and emergency management procedures, just t
a few. This information handout is a form of patient
tion in its own right; educating the patient about the
practice and its services. Procedure 55-3 details cre
community resources brochure, and Procedure 55-4 p
the steps for creating a medical office policies brochu

TABLE 55-5 | Community Resource Programs and Services

- Homeless shelters and services for the homeless
- Food banks, food pantries, and Meals on Wheels
- Programs for alcoholics and drug addicts, as well a
  families (e.g., Alcoholics Anonymous)
- Domestic violence services
- Rape and crime victim services
- Services for seniors
- Public housing authority
- Public transportation
- Legal advice and legal services
- State assistance programs including food stamps,
  Medicaid, social security, and WIC services
- Foster care for children
- Child abuse hotline and child protective services
- Diabetic information groups and support services
- Support groups (grief, cancer, smoking, and drug ab
- Prescription assistance services for those who cann
  afford prescriptions
- Disability services that help enable independence

PROCEDURE 55-3

Creating a Community Resources Brochure

Objective ◆ *Create a brochure that educates patients about available community resources.*

EQUIPMENT AND SUPPLIES

Computer; computer software program that allows the creation of a brochure; computer paper; printer; pen; phone book; Internet access; newspaper

METHOD

1. Create a list of health-related resources that can be used to create a community resource brochure.

   **You may refer to* Table 55-5 *and choose resources that might be particularly relevant for the community where you live.*
2. Using the Internet, telephone books, and even the local newspaper, identify community resources that can help meet patient needs.
3. Create an attractive brochure for distribution to patients that includes the names, locations, phone numbers, and services offered by the selected resources.
4. Check your brochure for spelling and grammatical errors before printing.
5. Print one copy and then perform another spelling and grammar check on the printed document.
6. After the brochure has been edited for errors and is polished, obtain approval from the physician to print and then distribute the brochures to patients as necessary or to display in the office reception area.

PROCEDURE 55-4

Creating an Office Policies Brochure

Objective ◆ *Promote the office by creating a brochure for distribution to current and potential patients.*

EQUIPMENT AND SUPPLIES

Computer; computer software program that allows the creation of a brochure; printer; office information; pen

METHOD

1. Gather the necessary data for the office policies/public relations brochure. Be sure to include the following:
   - Office name (e.g., Pearson Physicians Group)
   - Type of practice (e.g., family medicine)
   - Office hours
   - Office address
   - Names and information about physicians
   - Insurance plans accepted
   - Payment expectations (e.g., copayments are expected before visit begins; all methods of payment are acceptable except cash)
   - Emergency management procedures (e.g., after hours, contact the answering service at 312-321-4321)
   - Prescription refill procedures (e.g., allow 24 hours for a prescription to be refilled; some medications will not be refilled and require an office appointment)
   - Local hospital affiliations and privileges
2. Check your brochure for spelling and grammatical errors before printing.
3. Print one copy and perform another spelling and grammar check on the printed document.
4. After the brochure has been edited for errors and is polished, obtain approval from the office manager or physician to print and then distribute the brochures to patients.

Referrals to Community Resources

Medical offices often are one of the first points of reference for community resources. Physicians and their staff, including medical assistants, are given personal access not only to the patient's physical health but also to information related to their personal needs. A patient may tell a doctor that there isn't much food at home, that he or she is struggling with an alcohol addiction, or that the patient can't afford to pay for prescriptions. In such cases, the physician may ask the medical assistant to refer the patient directly to a community resource that can help meet the patient's needs. This is an example of how the medical assistant works as a patient navigator, as discussed in the chapter titled "Medical Assisting: The Profession." To review, as a patient navigator, the medical assistant helps the patient streamline services available to meet that patient's healthcare needs and improve communication in the ever-changing and sometimes confusing world of medicine.

Sometimes, the circumstances surrounding the patient's needs are delicate. It is important that the medical assistant displays compassion, empathy, and confidentiality when handling all circumstances. Procedure 55-5 reviews how to facilitate a referral to a community resource.

PROCEDURE 55-5

Working as a Patient Navigator: Facilitating a Referral for Community Resources

Objective ◆ *Create a brochure that educates patients about available community resources.*

EQUIPMENT AND SUPPLIES

List of community resources; computer; Internet access; pen; paper; patient's medical record

Scenario: A female patient is struggling with alcoholism and was recently arrested for drunk driving. Dr. Wilkinson has requested that the patient be provided with information about community programs and resources that can help her. The doctor has also asked that the patient be provided information on public transportation because she has lost her driving privileges.

METHOD

1. Using the Internet or a local telephone book, locate programs within your community that can help with the patient's addiction, such as Alcoholics Anonymous.
2. Make a list of the programs available that can be of help for the patient. On the list, include telephone numbers and website information.
3. Call or visit the websites of the selected programs to determine meeting schedules and locations. Include this information on the list that will be given to the patient.
4. Obtain phone numbers and information that will help the patient with transportation, and include this on the list of information that will be given to the patient.

   **This could include local public transportation, taxi cab companies, and Uber.*
5. Review the list of information with the patient and ask if she has any questions you could answer.
6. Provide the patient with your name and the office telephone number. Encourage her to call you with any questions.
7. Within 48 hours, place a follow-up call to the patient to establish how she is doing and if she has chosen a meeting to attend. Inquire if transportation has been arranged.
8. Document all information related to the patient's office visit and subsequent telephone follow-up.

CHARTING EXAMPLE

04/23/YY 3:15 P.M. Per Dr. Wilkinson's request, patient was given a referral sheet with information about local Alcoholics Anonymous (AA) meetings and the phone number for a local taxi company. An AA schedule was printed from the Internet as well as a local bus schedule, which were both given to the patient. All of the information was reviewed with the patient, and she stated that she didn't have additional questions. A two-week follow-up appointment with Dr. Wilkinson was scheduled.
.....Ester Mayfield, CMA (AAMA)

4/25/YY 9:45 A.M. Follow-up phone call with patient: She attended an AA meeting yesterday and now has a sponsor. She will be going to meetings 3x/week. Her cousin and brother-in-law are able to help with transportation. Patient seemed in better spirits and was thankful for the assistance.....
.....Ester Mayfield, CMA (AAMA)