

CHECK LIST FOR PATIENT EDUCATION

Good patient education builds trust, reduces anxiety, and impacts favourably on patient behaviour, according to a tutorial written by the American Academy of Ophthalmology.

The AAO says that good communication with patients is the cornerstone of effective patient education and that quality is more important than quantity.

The AAO's website* provides a valuable tutorial on the role of patient education and asks doctors key questions about their provision of information to patients, including:


- ▶ How effective is patient education in your practice?
- ▶ Do you feel your patients receive enough resources to educate themselves about their conditions?
- ▶ Are your patients' questions being answered adequately?
- ▶ Are you effectively obtaining informed consent from your patients?

The tutorial also contains an excellent list of references on doctor-patient communications.

*www.aao.org/aao/patient_ed/index.cfm

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Pamphlets improve patient satisfaction

Patients are more satisfied with their doctors when they receive informative pamphlets that encourage them to raise concerns and discuss symptoms, according to a new UK study.

Reported in the British Medical Journal,¹ Southampton University researchers found that pamphlets increased patient satisfaction and perceptions of improved communications, especially for short consultations.

However, they did not increase consultation times.

Dr Paul Little, professor of primary care research, and his colleagues said that the empowerment



Dr Paul Little

of patients with information and the modification of doctors' behaviour are two ways that patients can be encouraged to discuss their concerns during a consultation.

Based on a randomised controlled trial of 636 patients aged 16 to 80 years, the study collected information on their medical problems, resolution of symptoms, satisfaction and "enablement" (the extent to which patients felt better able to manage their illness). To collect data, follow-up questionnaires were used.

The number of diagnostic tests ordered for a patient increased, due to the patient's expectations and the doctor's perceptions.

The scores quantitated doctor-patient communication (relief of distress, patients' intentions to comply with management decisions, communication and rapport) and correlated strongly with a patient-centred approach.



Communication improves patient satisfaction

"Encouraging patients to raise concerns and to discuss symptoms or other health-related issues in the consultation improves their satisfaction and perceived communication, particularly when consultation time is limited," the authors said.

"However, doctors need to elicit expectations to prevent needless investigations."

The study's conclusions included:

- The leaflets increase patients' satisfaction and their perception of communication, especially for short consultations.
- Leaflets do not significantly increase consultation time but may increase the number of investigations.
- If patients are encouraged to raise concerns and discuss symptoms, doctors should elicit patients' expectations to prevent needless investigations.

1. Little P, Dorward M, Warner G, Moore M, Stephens K, Senior J, Kendrick T. Randomised controlled trial of effect of leaflets to empower patients in consultations in primary care. *BMJ* 2004;(February 21);328(7437):441.

Photo credit: Courtesy of University of Southampton, photo by Steve Shrimpton

A major influence on patient behaviour and health

Communication improves outcomes

Excellence in clinician-patient communications improves the medical care of patients, a leadership group of Kaiser Permanente (KP) clinicians in the US has concluded.¹



Dr Terry Stein

KP clinicians and educators Dr Terry Stein, Dr Vivian Tong Nagy and Dr Lee Jacobs said the way that clinicians relate to patients has a major influence on patient behaviour and health, clinician and patient satisfaction and medicolegal issues.

“For example, when clinicians communicate effectively, patients are more likely to convey their main concern, to adhere to prescribed medication regimens, and to follow instructions,” they said.

“Communication also influences clinician and patient satisfaction as well as medical-legal risk.

“After reviewing 21 studies on



Dr Vivian Tong Nagy



Dr Lee Jacobs

communication and health outcomes, one author² concluded that most of the studies demonstrated a correlation between effective physician-patient communication and improved health outcomes.”

They noted that Index Medicus lists more than 100,000 articles on this topic, demonstrating its importance.

Satisfaction works both ways. The American College of Physicians showed that a good doctor-patient relationship was the key indicator of career satisfaction among physicians.

As one physician noted: “I thought that if I really worked hard to listen effectively, interact personally, and respond empathetically, the patient would leave happier. What I discovered is that I, too, leave the exam room happier.”

Importantly, improved communications and perceptions decrease medicolegal complaints. While dissatisfaction with the outcome of treatment has driven malpractice claims, poor communication has been a factor in about three out of four cases.

Compelling anecdotal evidence has shown that a good doctor-patient relationship appears to deter patients from filing suit, even in cases where a medical mistake is the cause.

The authors conclude that “we must return to the core skill of our medical practice and focus on

enhancing communication with patients, one conversation at a time, in order to attain a high level of excellence throughout Kaiser Permanente. By improving the medical care we give, increasing our work satisfaction, and enhancing our community image, this focus on effective communication can provide us with a major competitive advantage.”

THE TWO GREAT MYTHS

Myth no. 1: The problem isn't my communication skills. The problem is that I don't have enough time to spend with my patients.

Myth no. 2: If I just give the patients what they want (tests, drugs, referrals, work excuses), then I'll score better on satisfaction surveys.

According to Drs Stein, Tong Nagy and Jacobs

1. Stein T, Tong Nagy V, Jacobs L. Caring for patients one conversation at a time: musings from the interregional clinician-patient communication leadership group. *Permanente Journal*, (Fall) 1998;2(4):62-7. (xnet.kp.org/permanentejournal/fall98p/caring.html)

2. Stewart MA. Effective physician-patient communication and health outcomes: a review. *CMAJ* 1995;152:1423-33.

Photos reprinted by permission of *The Permanente Medical Groups*. Stein T, Nagy V, Jacobs L. *Caring for Patients One Conversation at a Time*. *The Permanente Journal* 1998;2(4):62-7.

The ABCs of quitting, now and forever

Advice and support are simple and effective

A timely clinical review by Dr Tim Coleman of the University Hospital, Nottingham,¹ confirms the importance of pharmacotherapy (such as nicotine or bupropion) with advice and behavioural support in the cessation of smoking.

Anti-smoking medications and behaviour contribute about equally to a successful outcome, he said.

He encouraged all health professionals who treat smokers to be familiar with the benefits of anti-smoking regimens and to encourage smokers to use them.

“They also need to be familiar with other sources of support, such

as written materials, telephone helplines, and strategies for preventing relapses,” he said.

Advice is probably most effective for smokers who have diagnosed smoking-related diseases. More time needs to be spent discussing smoking and how to quit, and a follow-up visit is necessary to review progress. The more intensive the education and advice, the better the results.

As the cost effectiveness of quitting is so significant (more, in fact, than many routine interventions in primary and secondary care), the case is compelling for devoting time and resources to motivated patients.

Regarding the value of complementary therapies, Dr Coleman said that those who advocate them need to show evidence that they are effective.

CLINICAL CONCLUSION: Doctors and other health professionals should routinely provide brief advice as a low-intensity intervention to all smokers who present.

For smokers who do not wish to take up intensive behavioural support, healthcare professionals should, where possible, provide advice and follow-up. Intensive support needs to be available to all smokers by referral.

1. Coleman T. Use of simple advice and behavioural support. *BMJ* 2004;328:397-9.

NEW PATIENT EDUCATION TITLES

Since our last communication with you, we have added the following to our list of 120 titles. If you haven't seen some of these recent guides for patients, call or email us, and we'll send you a copy today.

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- Abnormal pap smear
- Menopause
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- Travel during pregnancy
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- Why aren't all babies perfect?

Royal Australasian College of Surgeons

- Surgery of the cervical spine
- Lumbar spine surgery
- Vascular access surgery
- Heart valve surgery
- Care of your incision at home

Australian Society of Otolaryngology Head and Neck Surgery

- Cholesteatoma and chronic middle-ear infections
- Surgical treatment of exostoses
- Otosclerosis and stapedectomy

Royal Australian and New Zealand College of Ophthalmology

- Epiphora or watery eye
- Surgical treatment of a detached retina

Australian Society of Anaesthetists

- Anaesthesia for oral surgery
- Intravenous sedation for endoscopy
- Anaesthesia for major joint surgery
- Pain relief during childbirth

Australian Society of Plastic Surgeons

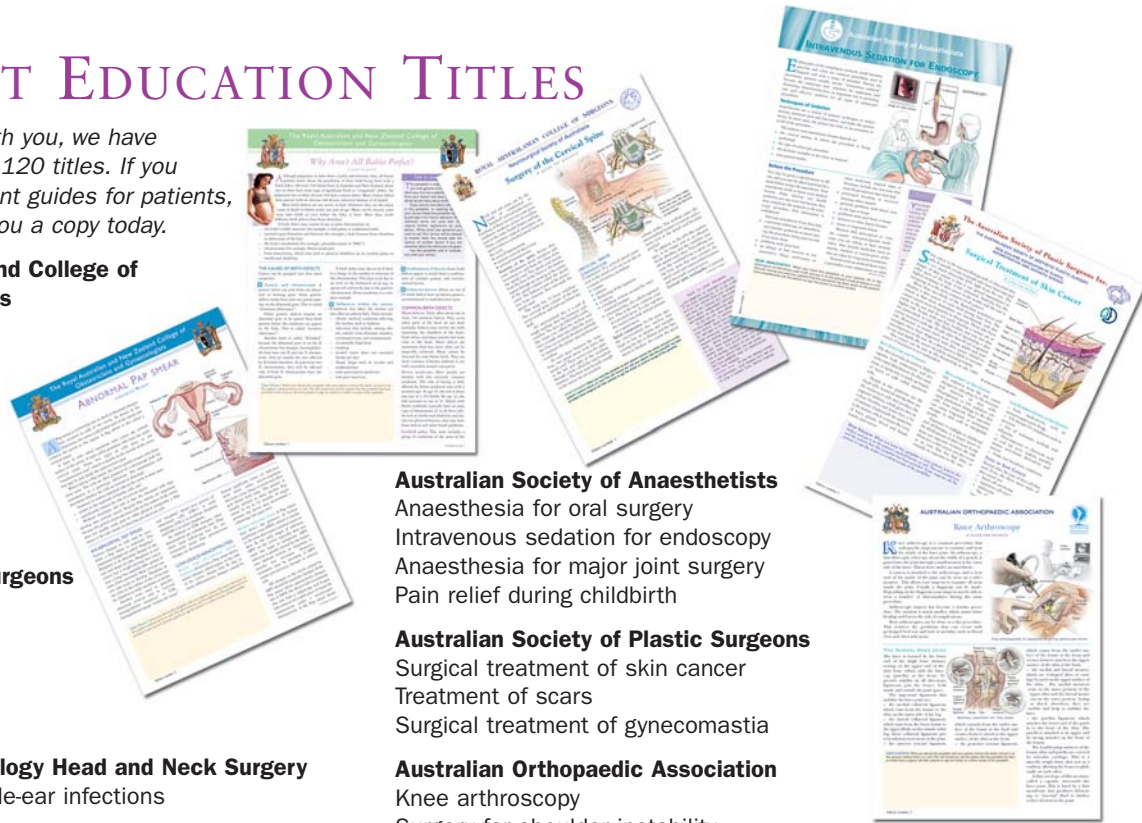
- Surgical treatment of skin cancer
- Treatment of scars
- Surgical treatment of gynecomastia

Australian Orthopaedic Association

- Knee arthroscopy
- Surgery for shoulder instability
- Surgical treatment of the anterior cruciate ligament

Neurosurgical Society of Australasia

- Lumbar spine surgery
- Surgery of the cervical spine



COLLEGES, SOCIETIES AND ASSOCIATIONS

Mi-tec Medical Publishing prepares patient education for the following colleges, societies and associations in Australia and New Zealand:

- Royal Australasian College of Surgeons
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
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- Australian Orthopaedic Association
- Australian Society of Anaesthetists
- Australasian Society of Plastic Surgeons
- Australasian Society of Aesthetic Plastic Surgery
- New Zealand Association of Plastic, Reconstructive and Aesthetic Surgery
- Australian Society of Otolaryngology Head and Neck Surgery
- Australasian Society for the Study of Hypertension during Pregnancy
- Australasian Association of Paediatric Surgeons
- Australasian Society of Cardiac and Thoracic Surgeons
- Neurosurgical Society of Australasia
- Australian and New Zealand Society of Nephrology
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Education of patients a crucial role for nurses

Nurses have a crucial role in patient education, especially with regard to each patient's learning needs and goals.¹

According to Patricia Musto, Clinical Research Coordinator with Rush Medical Center in Chicago and a nurse practitioner at Oakbrook Allergists, healthcare professionals are a "wealth of patient education".

Writing about the general principles of asthma management, Ms Musto said education continues to be essential.

"Health care professionals must establish a partnership with the patient with asthma and the patient's family to devise a plan of care with

which the patient voluntarily will comply," she said.

Everyone on the healthcare team is important in getting all of the important messages to the patient and reinforcing them so the patient becomes an informed partner.

The process starts at the first meeting and continues thereon.

"Nursing professionals are in a particularly advantageous position to foster this partnership because of their patient-focussed outlook and the quality of time spent with patients," she said.

"Educational interventions should be meaningful to the patient, learner centred to incorporate the patient's needs, and sensitive to the patient's

cultural influences.

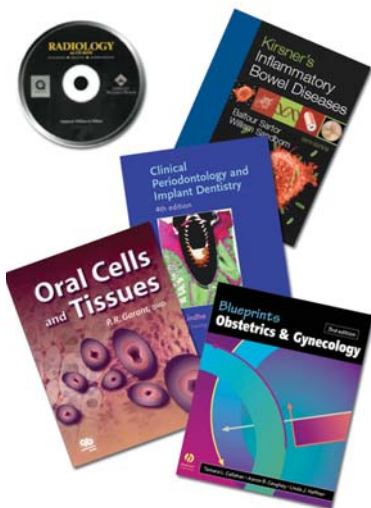
"The patient and his or her significant social and family support should be actively involved."

As a member of the Public Education Committee of the American Academy of Allergy, Asthma and Immunology, Ms Musto has said: "Easy-to-understand and patient-oriented materials are always helpful in the clinical setting, allowing patients to have a ready reference source for their questions."²

1. Musto PK. General principles of management: education. *Nurs Clin North Am* 2003(Dec);38(4):621-33.

2. www.aaaai.org/members/academynews/1999/11/patientmaterials.stm

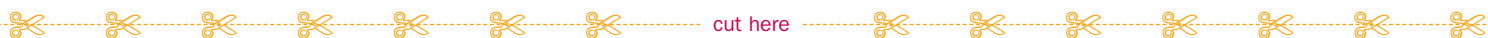
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