



Information before surgery has benefits for all

Preoperative patient education is a crucial factor in patients' satisfaction with surgical procedures, according to a Sydney study of cataract surgery.

In the British Journal of Ophthalmology, Dr Chet Pager of the University of Sydney reported that information decreased anxiety, increased understanding, and showed patients what to expect.¹

"Patient satisfaction is an important clinical outcome," said Dr Pager, of the Department of Clinical Ophthalmology and Eye Health, at Royal Prince Alfred Hospital.

"Not only are satisfied patients more likely to maintain a relationship with their provider, abstain from doctor shopping, refrain from malpractice litigation, and recommend the provider's services to others, but a satisfied patient is more likely to comply with treatment regimens, attend follow-up appointments, recall medical advice, and enjoy improved health outcomes.

"One of the most important determinants of patient satisfaction is information.

"Studies in other fields have found that preoperative education is associated with less anxiety, fewer complications, shorter hospital stays, less pain relief medication, and increased satisfaction.

"Lack of information is one of the most common sources of patient dissatisfaction.

"Studies have consistently shown that patients want more information than they received, and believe they received less information than their surgeons believed they were providing."



Dr Pager studied the responses of 141 cataract patients who were randomised into one of two groups that watched a video explaining what to expect from the surgery or the anatomy of cataract. Patients were surveyed regarding their expectations for outcome, anxiety, risk and discomfort due to the surgery. After the procedure, patients were again asked to rate their experience, anxiety, discomfort, risk, comprehension, overall satisfaction, and comparison with expectations.

"This study showed that a simple, inexpensive video showing patients what to expect from cataract surgery resulted in significant decreases in anxiety and increases in patient understanding of, and satisfaction with, the surgery," he said.

"The fact that most patients were highly anxious preoperatively and

found the surgery to exceed their expectations demonstrates that there is room for improvement in allaying their fears and better aligning their expectations for surgery with the actual experience.

"Preoperative education is associated with less anxiety, fewer complications, shorter hospital stays, less pain relief medication, and increased satisfaction."

"Patient education, in this case a video tape, that explains to patients the sensations they are likely to experience during surgery, along with common outcomes and risks, reduces anxiety and

improves patient satisfaction following surgery. This simple intervention has benefits for patients, surgeons and the community."

1. Pager CK. Randomised controlled trial of preoperative information to improve satisfaction with cataract surgery. Br J Ophthalmol 2005;89:10-13.

Related study. Pager CK. Expectations and outcomes in cataract surgery: a prospective test of 2 models of satisfaction. Arch Ophthalmol 2004;122:1788-1792.



Dr Chet Pager

Information and education for families and patients shaped by educators

Family education has become increasingly important, along with the imperatives for educating the patient, according to Professor Gail Jensen of Creighton University in Omaha, Nebraska.



Gail M. Jensen

Introducing a series of papers on patient and family education in the Physical Therapy Education,¹ she wrote:

“Patient education is not just about improving patient knowledge via sharing our clinical knowledge with patients or handing out educational booklets or exercise sheets.

“The purpose of patient education is to maintain and improve health, which means changes in attitudes and behaviours.

“Patient education is defined as planned, organised learning experiences designed to facilitate voluntary adoption of behaviours, skills or beliefs conducive to health.

“The educational activities can be part of clinical patient care or community education.

“Patient and family education is an increasingly important function in physical therapy practice in a health care environment focused on cost containment and efficiency.

“Well-designed patient education programs can foster the patient’s

acquisition of positive health beliefs and self-management behaviours.

“Development of professional competence in patient education demands foundational knowledge and skills in educational theory, health education, health behaviour and health promotion.”

Programs that educate patients do not “just happen”, according to Dr Jensen’s editorial. Rather, patient education programs are shaped by the beliefs and skills of those offering the education.

“Our professional role as patient educators serving patients and communities depends on our actions.”

1. Jensen, Gail M. Patient education. Physical Therapy Education 1999 (winter): guest editorial.

Key issues to implement

Creating effective patient education in your practice

Establishing a patient education program saves time and trouble, the American Academy of Ophthalmology says.¹ Key issues to implement include:

- talk with your patients
- use print materials
- use your own print materials (where necessary)
- use video and/or DVD
- obtain informed consent
- communicate with non-English speaking patients.

Talking with your patients: Good communication with patients is the cornerstone of effective patient education. In one study, patients were asked about the most important aspects of receiving bad health news. Their answers were:

- The doctor takes time to answer all questions.
- The doctor is honest about the severity of the condition.
- The doctor gives them time to ask questions.
- The doctor gives full attention.

In a study on the doctor/patient relationship, patients who were satisfied after a visit tended to overestimate the time their doctor actually spent with them. In contrast, patients who were dissatisfied complained that

the doctor seemed in a hurry, even when visits were long.

Using print materials: A study from the Journal of Hypertension showed patients quickly forget about 40 percent of what physicians tell them. To overcome this problem, give patients written explanations of their conditions and treatments.

Not only do doctors need materials that contain trusted content, but they also have to make certain the materials are suitable for the right patients.

Creating your own print materials: When creating your own patient education materials, have one goal: to make the information easy to understand.

- Keep sentences short, but not choppy.
- Use personal pronouns (you, your) where appropriate to make your patients understand how the information applies to them.
- Use bold print to emphasise important terms and information.
- Use bullet points for important list items.
- Use the “active” voice to illustrate effect.
- Avoid using technical terms and jargon.

Using video/DVD: Video is effective but should be supplemental. Even well produced videos will not be effective educational tools if patients do not have the opportunity to discuss the content with you and ask questions.

Obtaining informed consent: Before allowing your patient to sign the consent form, adequately describe to your patient:

- steps of the procedure
- benefits of the procedure
- risks and complications involved
- alternative treatments.

Patient education on the internet: There are thousands of internet sites devoted to every imaginable health topic. Unfortunately, the information often is incomplete and requires a high reading level to understand. Patients relying on internet content to make health decisions, including whether to seek care, could be negatively influenced by deficiencies of the information provided.

To counteract the possible negative effects of the internet on patient education, give your patients the information they’re looking for and, if possible, recommend reliable and updated internet sites (in addition to thorough discussion).

1. www.aaao.org/aaopatient_ed/effective.cfm



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- Carotid endarterectomy and angioplasty with stenting (new edition)
- Breast lump surgery (new edition)
- Myringoplasty – repair of the eardrum

- Surgery of the nose
- Surgery to remove a neck lump

Urological Society of Australasia

- Prostate specific antigen
- Lower urinary tract symptoms
- Urinary tract infection
- Urinary incontinence
- Surgical treatment of an enlarged prostate

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- Dentoalveolar surgery

Australian Society of Plastic Surgeons

- Breast reconstruction

Australian Orthopaedic Association

- Peripheral nerve surgery
- Surgical replacement of the knee joint

Royal Australasian College of Ophthalmologists

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- Cataract surgery (new edition)

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Your patients, your practice, your hospital, your department, so you decide the role that patient education plays

A good patient education program favorably impacts patient behaviour, including compliance with short-term therapies, long-term management of chronic conditions, and preventive lifestyle recommendations, according to advice from the American Academy of Ophthalmology.¹

Patient education favourably impacts health outcomes, patient satisfaction, and often reduces the incidence of malpractice actions. It also builds trust, reduces anxiety, and can foster your professional satisfaction and sense of pride.

How effective is patient education in your practice?

1. *Do you feel your patients receive enough resources to educate themselves about their conditions?*

Using a combination of methods to educate your patients – including written materials, audiovisual aids, individual counselling and community resources – can be more effective than using only a single technique.

2. *Can your patients read and understand the materials you give to them?*

Assess your patient materials for factors such as literacy levels, type styles and sizes, and image size and quality.

3. *Do your patients read and speak sufficient English to fully comprehend the material?*

Your patients may speak English, but not read it well, especially if the information involves new or complex medical terminology.

4. *Are your patients' questions being answered adequately?*

Consumer Reports magazine conducted a survey of 70,000 readers on the doctor/patient relationship. Those who were dissatisfied with their doctors' communication skills specifically noted their doctors were not open to questions. Patients who felt their doctors didn't communicate well were less likely to follow their doctors' instructions.

5. *Are you effectively obtaining informed consent from your patients?*

Your documents and process for obtaining informed consent have to stand up to legal scrutiny. The clarity and completeness of the information you exchange with patients affects your credibility.

1. www.aaopt.org/patient_ed/

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