Overview of Patient Education\textsuperscript{1,2,3,4}

Everyone agrees that patient education is an important part of patient care. We have always provided information to patients about their condition and treatment as well as information about prevention of disease and complications. The type and amount of information varies greatly. Many reasons are offered for this variation. Information is sometimes withheld from patients because it is thought that they do not have the training or background to understand a full explanation or that full disclosure would lead to potential misinterpretation or would cause undue anxiety. Sometimes information is not disclosed because one provider thinks that another provider will or should provide the information. Time constraints obviously affect everyone's ability and willingness to educate patients. Who will pay us for the time it takes to thoroughly educate our patients?

When information is given, it frequently consists of information that the healthcare professional thinks is needed rather than information that the patient needs or desires. The information is often dispensed as an afterthought and in a haphazard way. For neurologists, the paradigm has been “diagnose and adios” with no emphasis on education. Frequently, we do not determine if patients understand the information we provide. If we do not see the patient back, we cannot determine whether or not our recommendations are carried out. We assume that the patient will follow our directives, and when they do not, we have a tendency to blame them as noncompliant, uncooperative, or worse.

Some patients are not receptive to receiving detailed information, especially if they are scared or anxious about what they have or think they might have. Some patients who are very comfortable accepting a passive role may not follow through on any treatment recommendations that require action on their part.

In recent years, there has been increased emphasis on patient education as an integral component of healthcare and increased emphasis on the healthcare professional’s responsibility to ensure that patient education is effectively provided. Patients and their families actively seek knowledge about their diagnosis and any and all available treatment. Information is abundantly available and can be overwhelming. There has been increased recognition of the adverse affects of poor patient education with resulting noncompliance and reduced health outcomes and reduced patient satisfaction. Patients are being discharged from the hospital sooner, and they and their families are assuming greater responsibility for their care at home. The burden of chronic disease increases the importance of prevention when possible.

Especially in the United States, there is increased legal pressure to adequately inform patients so that they can make truly informed choices about the optimal treatment for their particular situation. Malpractice suits can follow inadequate patient education. With regard to medico-legal considerations, neurologists are more likely to be sued if we do not communicate effectively with our patients. The law holds that we need to provide patients with health information in a form that they can understand. The Joint Commission on Accreditation of Healthcare Organizations and the National Committee for Quality Assurance also have standards that specify the need to inform patients in a way that they are able to understand.

For all of these reasons, there has been increased recognition of the need for more effective patient education. Research has shown that information and recommendations given to the patient do not always translate into action. Patient understanding and compliance depends on multiple factors including the patient’s situation, personality, support system, and psychological and socioeconomic factors. In order to be effective, patient education should include more than simply informing patients. Effective patient education must be able to identify potential barriers to understanding and barriers to implementation of treatment recommendations. The provider must help patients clarify issues that are important to them, help them reach appropriate decisions, and implement sustained interventions.

We cannot make patients do what we tell them. Our role is to enable them to follow through on recommendations while making sure that they are aware of alternative options. We need to understand how patients respond to illness as well as health. We need to provide them with a nurturing environment in which they can learn. A
collaborative, encouraging, hopeful, and helpful atmosphere is more effective than a didactic and dogmatic environment. Implementation of the recommendations we provide depends as much upon the patient’s judgment and feelings and comfort level with the recommendations as it does on their understanding.

Just as we need to learn skills such as performing the neurologic examination or a lumbar puncture, we need to learn and practice patient education skills. Unfortunately, despite the fact that patient education is recognized as a very important part of the care we provide, we receive little or no formal training in this discipline. It is assumed that if you know what is in the textbook, you can explain it to a patient, and it is further assumed that they will understand any and everything you say. This is not true.

Specific patient education skills are important and can be learned. These include our ability to:

- Establish rapport with the patient
- Determine the patient’s readiness to learn and their skills and abilities that can help or hinder the learning process
- Educate in a way that is best suited to the patient’s needs
- Communicate clearly and effectively
- Identify and appropriately utilize additional resources to help the patient learn
- Determine potential barriers to implementing treatment recommendations
- Problem solve with the patient to overcome identified difficulties

Keep in mind that every patient encounter is an opportunity to educate the patient and that we are not alone in this effort. There are other providers (physician extenders, nurses, and knowledgeable office personnel), family members, patient support groups, and other resources available in different forms and media formats that can help us educate patients.

Can we define patient education? The American Academy of Family Physicians offers the following definition: “The process of influencing patient behavior and producing changes in knowledge, attitudes, and skills needed to maintain or improve health.” This definition underscores the need to impart not just facts but learning and understanding about the patient’s condition and its treatment such that the patient will demonstrate behavioral changes that will result in positive health outcomes. In order to accomplish this learning, we need to understand our patients as individuals. We should understand their needs, experiences, attitudes, and other factors that influence their health and health behaviors. This is an interactive process that involves interchange between the health professional and the patient. Health education is not something done to the patient. It is a joint effort conducted with the patient and often their family and close friends.

Effective Patient Communication – The Role of Health Literacy

Effective patient communication is the most important thing that we do as neurologists. We certainly do not cure patients by operating on them. While we do have some procedures that we perform, such as electromyography which is diagnostic, and botulinum toxin injection which is temporarily therapeutic, we rarely cure our patients. Reaching a diagnosis and knowing what to recommend is important, but communicating this information to the patient is, in all likelihood, the most important aspect of the work we do in providing healthcare.

If we were seeing a patient with Alzheimer’s disease and they were by themselves, none of us would think that talking to the patient constituted effective education about the person’s condition or what to do about it. We know that they would have difficulty understanding what we told them, have great difficulty remembering what we said, and have profound difficulty following any instructions we gave them, such as to stop driving, get help with their finances, or take medications. There are other reasons why patients do not understand what we tell them. They may have difficulty understanding due to hearing loss, a learning disability, or language impairment. They may be too anxious or upset to comprehend what we are telling them. But there is another, more common reason that clinicians often overlook; the patient may have low health literacy. Health literacy is the patient’s innate ability to understand what is told them, to read and understand written material, and use medical information to make effective healthcare decisions and follow instructions for additional evaluation and treatment. Inadequate health literacy occurs commonly in patients who are not demented in any way and appear and act normal or even above normal in terms of their intelligence and apparent understanding.

The patient’s need to understand what we tell them is greater than ever. Medical tests and treatment are growing ever more complex. We ask them to undertake more and more complicated self-care programs. We must ascertain that they understand and this is first and foremost based on their ability to comprehend – their health literacy.
Studies have shown that perhaps half of American adults lack sufficient general literacy to effectively understand, undertake, and fully implement the medical tests, treatments, and preventive healthcare measures we recommend. One study found that one-fourth of Americans read at or below a fifth grade level. Inadequate health literacy affects all population segments. It is more common in the elderly, the poor, members of minorities, recent immigrants to the United States, and individuals whose native language is not English. It is very likely that we see one or more patients every day with low health literacy. Low health literacy is not their fault. It is incumbent upon us to recognize these individuals and ensure that the patient education we provide is appropriate to their level and that the information is understood.

What affects a person’s health literacy? There are many factors that contribute to an individual’s health literacy, the most obvious being their general literacy or ability to read, write, and understand written material. Other factors that influence health literacy include the individual patient’s age (older patients do worse), limited education, limited English language proficiency, lack of experience in their current healthcare system, the complexity of the information being presented, cultural factors that can influence decision-making, psychological and socioeconomic issues, and how the material is communicated. Of these factors, perhaps the most important is the individual’s general literacy. Most individuals with low general literacy also have low health literacy.

There is much evidence in the literature that low health literacy is associated with poorer health outcomes, intermediate disease markers, measures of morbidity, and general health status. Low health literacy is also associated with a marked increase in the use of healthcare resources. It is estimated that in the United States, the economic consequences of limited health literacy are between 50 billion and 73 billion dollars per year. The average annual per person cost of healthcare for the subset of patients with low health literacy can be several-fold that of the average for the entire group.

Measures of literacy include general instruments (National Adult Literacy Survey [NALS] and Simplified Measure of Gobbledygook [SMOG]) and some healthcare-specific instruments (Rapid Estimate of Adult Literacy in Medicine [REALM], Test of Functional Health Literacy in Adults [TOFHLA], and Short Test of Functional Health Literacy in Adults [STOFHLA]). Interestingly, visual impairment and learning disabilities, such as dyslexia, account for only a small percentage of patients with low general literacy, although this is probably higher in neurologic practice. One recent article said that there are three questions that you can use to help determine if a patient has poor health literacy:

• "How often do you have someone help you read hospital materials?"
• "How confident are you filling out medical forms by yourself?"
• "How often do you have problems learning about your medical condition because of difficulty understanding written information?"

You can’t always recognize the person with impaired literacy by looking at them or even talking to them. Even well educated patients, who may be very knowledgeable about non-medical problems, can be relatively illiterate when it comes to medical conditions. The majority of people with average reading skills have difficulty understanding most of the content of consent forms used for research studies of cancer drugs.

Education level does not always correlate with literacy skills. Education level measures the number of years an individual attended school, not how much they learned when they were there. On average, patients with limited literacy skills are less aware of general preventive health measures and less knowledgeable about their own medical conditions and treatment. They are more likely to smoke and more likely to be exposed to violence.

Patients often hide their poor general literacy from family members and co-workers. As a result, we cannot rely on patients’ families and co-workers to inform us of their poor general literacy.

There are some common medical terms that patients with limited literacy (and some with normal literacy) may not understand. We should always try to use simple words and phrases so that all of our patients will understand what we tell them. Lack of recognition of relatively commonly used medical terms and phrases should suggest to us that the patient may have low health literacy.

The following behaviors and responses may suggest poor literacy:
Behaviors
- Registration forms that are incompletely or inaccurately filled out
- Frequent missed appointments
- Non-compliance with medication recommendations
- Lack of follow-through with tests and referrals
- Patients report taking medications, but lab tests or response does not show evidence that they are doing so

Responses to Receiving Written Information
- “I forgot my glasses. I’ll read this when I get home.”
- “I forgot my glasses. Can you read this to me?”
- “Let me take this home so I can discuss it with my family.”

Responses to Questions about Current Medications
- Unable to name medications
- Unable to explain a medication’s purpose
- Unable to explain timing of medication administration

While there is little that we can do to increase the general literacy skills of our patients, there are strategies that we can use to enhance our patients’ health literacy. By all means, we should make our practices more patient-friendly, develop rapport with our patients, communicate using easy-to-understand language, and find or create and use patient-friendly written and/or video materials. In your office, you can routinely offer all patients assistance in completing their forms. Be certain the forms you use are designed in a reader-friendly format. Collect only the information that you need and have not already collected. For patients with recognized health literacy problems, assist them in making and preparing for appointments for tests and consultations and follow-up appointments. Just as you would seek the help of family members for a patient with dementia, you should enlist the help of family members and significant others for patients with impaired health literacy.

**Principles of and Specific Tactics for Improving Patient Education**

**General principles of the patient education process include the following:**
- Establish a set of facts most patients should know about each of the major neurologic conditions that we encounter
- Establish rapport with the patient and involve them as a mutual participant in the learning process
- Assess the patient’s current knowledge of their condition and its treatment
- Determine what the patient wants and needs to know
- Focus on three to five key messages for each patient encounter
- Explain things in plain language while speaking clearly, simply, and slowly
- If possible, use multiple ways to get your message across
- Demonstrate warmth and concern for the patient; provide emotional support
- Reinforce learning, as needed
- Employ others in the education process
- Assess the patient’s understanding of the information you have provided

The following six specific tactics can improve patient education:
- **Slow down.** Communication can be enhanced by speaking slowly and clearly and by spending a bit more time with each patient.
- **Use plain, non-medical language.** Explain things to patients as you would to an older family member.
- **Show or draw pictures.** Visual images complement written and spoken messages and may be remembered better.
- **Limit the amount of information you provide and then repeat it.** Information is best remembered when it is given in small, pertinent pieces. Repetition further improves recall.
- **Use the “teach back” or “show me” technique.** Confirm that the patient understands by asking them to repeat back your description or instructions.
- **Create a shame-free environment.** Make patients feel comfortable and encourage them to ask questions. Enlist the aid of others (office personnel, physician extenders, family and friends of the patient) to promote understanding. The two most important words you can use with the patient are “What else?” which allows the patient to express all of their concerns openly.
Consider using the following, plainer language:

<table>
<thead>
<tr>
<th>Medical term</th>
<th>Plain words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesic</td>
<td>Pain killer</td>
</tr>
<tr>
<td>Anti-inflammatory</td>
<td>Reduces swelling and irritation</td>
</tr>
<tr>
<td>Bacteria</td>
<td>Germ</td>
</tr>
<tr>
<td>Benign</td>
<td>Not cancer</td>
</tr>
<tr>
<td>Bowel</td>
<td>Intestine</td>
</tr>
<tr>
<td>Carcinoma</td>
<td>Cancer</td>
</tr>
<tr>
<td>Cardiac problem</td>
<td>Heart problem</td>
</tr>
<tr>
<td>Cardiologist</td>
<td>Heart doctor</td>
</tr>
<tr>
<td>Catheterize</td>
<td>Put in a tube where your urine comes out</td>
</tr>
<tr>
<td>Cellulitis</td>
<td>Skin infection</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Drugs to treat cancer</td>
</tr>
<tr>
<td>Colon</td>
<td>Large intestine</td>
</tr>
<tr>
<td>Contraception</td>
<td>Birth control</td>
</tr>
<tr>
<td>Disease</td>
<td>Condition</td>
</tr>
<tr>
<td>Distal</td>
<td>Lower or farther away</td>
</tr>
<tr>
<td>Echocardiogram</td>
<td>Pictures of your heart</td>
</tr>
<tr>
<td>Edema</td>
<td>Swelling</td>
</tr>
<tr>
<td>Enlarge</td>
<td>Get bigger</td>
</tr>
<tr>
<td>Emesis</td>
<td>Vomit, throw up</td>
</tr>
<tr>
<td>Eruption</td>
<td>Skin rash</td>
</tr>
<tr>
<td>Fractured femur</td>
<td>Broken hip or thigh</td>
</tr>
<tr>
<td>Gastroenterologist</td>
<td>Stomach doctor</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>Heart is not pumping hard enough</td>
</tr>
<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Infertility</td>
<td>Can’t get pregnant</td>
</tr>
<tr>
<td>Lateral</td>
<td>Outer side</td>
</tr>
<tr>
<td>Lesion</td>
<td>A local area of abnormality (often of uncertain cause)</td>
</tr>
<tr>
<td>Lipids</td>
<td>Fats in the blood</td>
</tr>
<tr>
<td>Malignancy</td>
<td>Cancer</td>
</tr>
<tr>
<td>Medial</td>
<td>Inner side</td>
</tr>
<tr>
<td>Menarche</td>
<td>Puberty</td>
</tr>
<tr>
<td>Menopause</td>
<td>Stopping periods, change of life</td>
</tr>
<tr>
<td>Menses</td>
<td>Period</td>
</tr>
<tr>
<td>Metastatic</td>
<td>Cancer has spread</td>
</tr>
<tr>
<td>Monitor</td>
<td>Keep track of, keep an eye on</td>
</tr>
<tr>
<td>Morbidity</td>
<td>Rate or frequency of disease (often used to mean severity)</td>
</tr>
<tr>
<td>Nodule</td>
<td>A small lump</td>
</tr>
<tr>
<td>Noninvasive</td>
<td>Without surgery, needles, or cutting the skin</td>
</tr>
<tr>
<td>Oral</td>
<td>By mouth</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Soft, brittle bones</td>
</tr>
<tr>
<td>Polyp</td>
<td>Small tumor, often on a stalk, and usually benign</td>
</tr>
<tr>
<td>Proximal</td>
<td>Closer or nearer</td>
</tr>
<tr>
<td>Pulmonary embolism</td>
<td>Blood clot in your lung</td>
</tr>
<tr>
<td>Radiology</td>
<td>X-ray department</td>
</tr>
<tr>
<td>Referral</td>
<td>Send you to another doctor</td>
</tr>
<tr>
<td>Rheumatologist</td>
<td>Joint doctor</td>
</tr>
<tr>
<td>Screening</td>
<td>Testing to look for a possible abnormality</td>
</tr>
<tr>
<td>Spinal tap</td>
<td>Put a needle into your spine or back to collect fluid</td>
</tr>
<tr>
<td>Stool</td>
<td>Bowel movement</td>
</tr>
<tr>
<td>Terminal</td>
<td>Going to die</td>
</tr>
<tr>
<td>Toxic</td>
<td>Poisonous</td>
</tr>
<tr>
<td>Tumor</td>
<td>Growth</td>
</tr>
</tbody>
</table>

If you create or use written materials, make certain that they are patient-friendly by following these guidelines:
General Content

- Limit content to a very few key objectives. Do not provide too much information or try to cover everything at once.
- Limit content to what patients really need to know. Avoid information overload.
- Use only words that are well known to individuals without medical training.
- Make certain content is appropriate for age and culture of the target audience.

Text Construction

- Write at or below sixth grade level.
- Use one- or two-syllable words whenever possible
- Use short paragraphs.
- Use the active voice.
- Avoid all but the most simple tables and graphs. Clear explanatory legends should be placed next to each table or graph and in the text.

Fonts and Type Style

- Use large font.
- Do not use more than two or three font styles on a page (why use more than one?).
- Do not use all uppercase or all lowercase letters.

Layout

- Ensure a good amount of empty space on the page. Do not clutter the page with text or pictures.
- Use headings and subheadings to separate blocks of text.
- Bulleted lists are preferable to blocks of text in paragraphs.
- Illustrations are useful, especially if they are easy to recognize and avoid extraneous complexity.
- Images of people, places, and things should be age- and culture-appropriate to the target audience.

There is evidence that simply giving individualized patient education booklets improved chronic low back pain in patients for 9 and 18 months thereafter. Consider writing the patient’s name on material you give them.

There are some other behaviors that can improve communication. One is to let the patient speak freely at the beginning of the interview. Studies have shown that the average spontaneous talking time is only about a minute and a half (but longer in my experience). Toward the end of the interview ask patients, "Is there anything else you would like to tell me?" Ask them, "Is there any other condition or problem you are worried about that we should look into?" After you have explained things to the patient, say to them, "Now I want you to explain to me what you understand about your condition," or "Now I want you to explain to me how you will take your medication, so that I can be sure that I have explained everything correctly." If the patient does not explain back to you what you think you have explained to them, assume that you have not provided adequate instruction, and teach them again using alternative language and approaches. Encourage patients to ask questions. Ask patients to explain their understanding of their medical problems or treatments. Sit rather than stand. Listen rather than speak. Write down instructions for patients. Consider sending them a copy of your consultation note. When writing prescriptions write “take one tablet twice daily”, instead of “one b.i.d.” If the pharmacist does not translate “b.i.d.”, the patient may not know how to take the medication. It helps to find out what patients have heard from other providers. Try not to contradict what other providers have said: Patients become confused and distressed when they hear conflicting advice from different doctors.

Goals of Patient Education

What are the goals for communicating with patients? You need to extract the information that will allow you to reach a diagnosis or determine the tests that will enable you to reach a diagnosis. Your responsibility is to inform the patient what is wrong with them, their prognosis, and activity modification and treatment that they can undertake to reduce their symptoms and make them better. At the end of an office visit, the patient should be able to answer the following questions:

- What health problems do I have, and what should I do about them?
- Where do I go for tests, treatment, and follow-up?
- How should I take my medication(s)?
  - When do I take it?
  - What will it do?
  - How do I know if it’s working?
Another way to view the goals of patient communication is the Ask Me 3 campaign promoted by the Partnership for Clear Health Communication which encourages patients to seek answers to the following three questions:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

References


How To Be Sure Your Patient Education is Educating Patients

J.D. Bartleson, MD, FAAN
Robin L. Brey, MD, FAAN
April 4, 2006
San Diego, CA

How to be Sure Your Patient Education is Educating Patients

• Overview of patient education
• Health literacy and its effect on healthcare
• How to improve your patient education
  • General principles
  • Specific tactics
• Effective strategies and resources
• Developing and using key pt ed messages
• Questions and answers
Overview of Patient Education

- Patient education is an integral part of the care we provide to our patients
- Patient education is a core competency
- Most neurologists and physicians are never taught how to educate patients
- Need for knowledge and tools under-recognized

Overview
Barriers to Effective Education

- In the past we withheld information
- We often provide what we think is important
- Someone else will or should do it
- Not enough time
- Not enough help
- No reimbursement for patient education
- ‘Diagnose and adios’
- Do they really understand?
- Patients who don’t follow instructions are noncompliant, uncooperative, or worse
Why the Increased Emphasis on Patient Education?

- The patient’s role is more active today
- There is more for us to ask, more to do, and more to explain to the patient
- There is more for the patient and their family to do
- Adverse effects of poor education
- There is pressure to do more with less from the JCAHO, NCQA, and the ATLA

Adverse Effects of Poor Patient Education

- Decreased health outcomes
- Lower patient satisfaction
- Increased cost of healthcare
- More call-backs, missed appointments, etc
- 10% of adverse drug events are due to communication failure
- Increased malpractice suits
Malpractice Liability Implications

- Inadequate explanation of:
  - Diagnosis
  - Treatment
  - Risks
- Patient feels rushed, ignored, or worse
- Clinician fails to understand perspective of patient or relatives
- Clinician discounts or devalues views of patient or relatives
- Patient doesn’t understand
- Adverse outcomes – perceived and real

What is Patient Education?

Working definition

The process of influencing patient behavior and producing changes in knowledge, attitudes, and skills needed to maintain or improve health

American Academy of Family Physicians
Determinants of Patient Education

- Patient’s situation
- Patient’s personality
- Family and other support system
- Psychological, socioeconomic factors
- Cultural factors
- Their comfort level with us
- Barriers to understanding + implementing
- Health literacy

Definition of Health Literacy

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions
Components of Literacy

- Oral literacy
  - Listening
  - Speaking
- Print literacy
  - Reading
  - Writing
- Numeracy
- Cultural and conceptual knowledge

More on Health Literacy

- Over 90 million English-speaking U.S. adults do not have the capacity to understand and use the medical information provided to them
- $50-$73 Billion per year in excess medical costs attributed to low health literacy
- Friends, co-workers, and family may be unaware
- Risk factors include low general literacy, older, limited education, limited English proficiency, and lack of experience with healthcare systems
- 26% with low health literacy can’t read appointment slips
- 42% with low health literacy can’t read Rx labels
Effects of Low Health Literacy

- Taking medications
- Keeping appointments
- Registration and consent forms
- Discharge and follow-up instructions
- Understanding education materials
- Worse health outcomes, health status
- Higher consumption of health services

What Is It Like?

- The following passage simulates what a reader with low general literacy (or dyslexia) sees on the printed page
- Read the passage out loud to yourself
- You have 1 minute to read the passage
- This is a test
What Was It Like?

- How did you feel while reading this passage?
- How did you feel when you finished reading the passage?
- How do you clean the capstan?
- How do you think patients with low health literacy feel?
Recognizing Patients with Limited Health Literacy

You can’t tell who they are
Don’t ask “Can you read?”
Do ask:
• “How comfortable are you with your reading?”
• “When you were in school, did you ever have any problems with reading, math, or spelling?”
• “How often do you have someone help you read health materials or fill out medical forms?”

Recognizing Patients with Low Literacy

The following can indicate low literacy:
• Incomplete/inaccurate forms
• Frequently missed appointments
• Medication non-compliance
• Lack of follow through with tests, referrals, and treatment
• Not understanding some words and phrases
Red Flags for Low Health Literacy

In response to receiving written material:

• “I forgot my glasses. I’ll read this when I get home.”
• “I forgot my glasses. Can you read this to me?”
• “Let me take this home so I can discuss it with my family.”

Red Flags for Low Health Literacy

In response to questions about medications:

• Unable to name medications
• Unable to name a medication’s purpose
• Unable to explain timing of medications
How to Help the Patient with Low Health Literacy

• The entire practice makes patient feel at ease
• Develop rapport with the patient and family
• Offer everyone help in filling out forms
• Communicate using easy to understand words and materials
• Enlist the help of others including family members
• Offer assistance for patients with recognized low health literacy when arranging tests + consults, and providing directions

Principles of Effective Patient Education

• Establish a set of facts patients should know
• Establish rapport with and involve the patient
• Assess patient’s knowledge of facts
• Determine what patient wants and needs to know
• Focus on 3-5 key messages
• Explain things in plain language
• Use multiple methods, if possible
• Demonstrate empathy, provide emotional support
• Reinforce learning, as needed
• Employ others in the education process
• Assess patient’s understanding of information provided
Improving Patient Education

• Speak slowly and clearly
• Use plain, non-medical language
• Show or draw pictures
• Limit the amount of information and repeat it
• Ask patient to tell or show you what they learned
  • Use the teach back or show me technique
• Create a cordial, comfortable, shame-free environment in which they are free to ask questions and raise concerns

Use Simple Words
Instead of These

Analgesic  Medial
Anti-inflammatory  Morbidity
Catheterize  Myelopathy
Cerebral  Neuropathy
Cervical  Nodule
Distal  Noninvasive
Edema  Parenteral
EMG or electromyogram  Proximal
Infarction  Radiculopathy
Lesion  Stenosis
Improving Patient Education
Developing Written Materials

• Limit content to the important messages
• Write at or below a sixth grade level
• Use large, easily readable fonts
• Do not clutter the pages
• Bullets are good
• Illustrations can be very helpful

Improving Patient Communication

• Let patient speak freely at beginning of interview
• Ask open-ended questions:
  “Is there anything else you want to tell me?”
  “Are there any concerns that haven’t been addressed?”
  “Is there anything else you want to know?”
  “What else?”
  “Explain to me what you now understand about…”
• Write out prescriptions clearly
  “Morning and evening” is better than BID
• Try not to contradict other providers
Good Patient Education
What the Patient Should Gain

- What do I have wrong and what to do about it?
- Where do I go for tests, treatment, follow-up?
- How should I take my medication(s)? Side effects?
- Any other instructions?
- What are the next steps?
- Who do I contact with questions and concerns?

- Ask Me 3:
  - What is my main problem?
  - What do I need to do?
  - Why is it important for me to do this?

The Key Take Home Messages

- Patient education is critical to what we do
- Effective education is based on patient’s:
  - Informational needs
  - Ability to understand and use the information
- The time invested is cost-effective
  - Improved outcomes and satisfaction
  - Reduced malpractice risk
The problem with communication is the assumption that it has occurred.  
George Bernard Shaw

Thank You  
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