

3.15 PATIENT EDUCATION

The Institute of Medicine has defined patient-centered care as 1 of the 6 aims for healthcare improvements in the 21st century. Patient-centered care requires that physicians and members of multidisciplinary teams effectively inform, educate, reassure, and empower patients and families to participate in the creation and implementation of a care plan. Patient safety initiatives focus on the role of patient education in improving the quality of care from the perspective of both patients and clinicians. Self-management education has been shown to improve patient outcomes in chronic disease. For example, disease-specific patient education improves Health-Related Quality of Life scores in patients with chronic obstructive pulmonary disease, reduces glycosylated hemoglobin levels and blood pressure in patients with diabetes mellitus, and decreases the number of attacks in patients with asthma.^{1,2} Hospitalists can develop and promote strategies to improve patient education initiatives and foster greater patient and family involvement in healthcare decisions and management.

KNOWLEDGE

Hospitalists should be able to:

- Describe the guiding principles for patient education.
- Identify institutional resources for patient education materials and programs.
- Summarize the evidence for the primacy of patient education as a means to improve the quality of healthcare.
- Discuss the contextual factors that influence a patient's readiness to learn new information.
- Describe the role of patient education in the management of chronic diseases, which may include diabetes mellitus, congestive heart failure, and asthma.
- Explain the effect of the patient's sociocultural background on his or her health beliefs and behavior.
- Describe different methods of delivering patient education.
- Describe patient characteristics that influence the utility and appropriateness of patient education materials, which may include culture, literacy, cognitive ability, age, native language, and visual or other sensory impairments.
- Recognize the importance of early identification of barriers to patient education such as low health literacy and language fluency.

SKILLS

Hospitalists should be able to:

- Deliver effective patient education in a manner best suit-

ed to the patient's level of literacy and understanding.

- Identify and assist patients and families who require additional education about their medical illnesses.
- Use and/or develop methods and materials to fully inform patients and families.
- Communicate effectively with patients from diverse backgrounds.
- Determine patient and family understanding of illness severity, prognosis, and goals of care.
- Provide patients with safety tips at the time of transfer of care, which may include instructions about medications, tests, procedures, alert symptoms to initiate a physician call, and follow-up.
- Ensure that patients understand anticipated therapies, procedures, and/or surgery.
- Use methods that confirm the comprehension and retention of new information by patients and families, such as "Teach Back" and "Show Back."
- Advocate for the incorporation of patient wishes into care plans.
- Lead, coordinate, and/or participate in the development of team-based approaches to patient education.
- Lead, coordinate, and/or participate in the development of effective quality measures sensitive to the effects of patient education.

ATTITUDES

Hospitalists should be able to:

- Value the potential for patient education to improve the quality of healthcare.
- Encourage patients to ask questions, keep accurate medication lists, and obtain test results.
- Convey diagnosis, prognosis, treatment, and support options available for patients and families in a clear, concise, compassionate, culturally sensitive, and timely manner.
- Appreciate patient education as a tool to improve the experience of clinical care for both patients and families.

References

1. Tan JY, Chen JX, Liu XL, Zhang Q, Zhang M, Mei LJ, et al. A meta-analysis on the impact of disease-specific education programs on health outcomes for patients with chronic obstructive pulmonary disease. *Geriatr Nurs.* 2012;33(4):280-296.
2. Warsi A, Wang PS, LaValley MP, Avorn J, Solomon DH. Self-management education programs in chronic disease: a systematic review and methodological critique of the literature. *Arch Intern Med.* 2004;164(15):1641-1649.