

# Multidisciplinary Teams Develop Programing for Patient Education

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PATIENT EDUCATION is receiving considerable attention in many medical and health settings, especially hospitals and health maintenance organizations. The reasons are varied: the escalating costs of medical and health services, the rise in the incidence of chronic diseases and disabilities, the shortages or maldistributions, or both, of health manpower and facilities, and the increased emphasis being given to primary, secondary, and tertiary prevention. Furthermore, "A Patient's Bill of Rights," adopted by the American Hospital Association in 1972, includes "the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand . . ." and "the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action. . . ." (1).

However, although patient education has be-

come accepted as an integral part of total health care and as an essential component of high quality health services, programing for the education

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of patients remains more of a concept than a routine function in most health care systems. Yet, the solution to many of today's health problems requires the active participation of patients throughout the continuum of health care—preventive services through the range of diagnosis, treatment, and rehabilitation.

Because of the advantages to both providers and consumers, official health agencies can and should assume leadership in the development of patient education programs in health care settings within their jurisdictions. The health department, with its role as a catalyst in solving health problems as well as its knowledge of prevention, community resources, and education, is uniquely able to give impetus to hospitals, nursing homes, health maintenance organizations, clinics, and other health and medical centers—inpatient and outpatient—in implementing appropriate, acceptable, efficient programs.

The Maryland State Department of Health and Mental Hygiene recently decided to promote more effective patient education programming in the health care facilities in the State. As a first step, it was decided that a workshop would serve as a focal point for bringing together representatives from a variety of health facilities who were already interested in patient education but who needed help in further development of plans. The idea was conceived, and the workshop was planned, primarily by the staff of the health education office of the department, with assistance from other units of the department and from the Health Care Facilities Service, Health Services and Mental Health Administration (now under the Health Resources Administration), Department of Health, Education, and Welfare.

### **Purpose of the Workshop**

The goal of the workshop was not principally to give information but to provide consultation

in developing and refining specific patient education plans that could be carried out in the participants' facilities. By involving those already concerned with patient education, it was believed that the participants in the workshop could subsequently serve as a nucleus of resource persons who could promote patient education programs in health care facilities throughout the State. The purpose of the workshop was to assist interdisciplinary teams from hospitals and other health organizations to develop patient education programs. The faculty of the workshop was available to help the teams to specify a target group, determine measurable educational program objectives and evaluative criteria, write a program plan for a target group, identify available resources, and utilize appropriate educational methods and materials.

Staff members of various types of institutions were encouraged to attend, but participation was limited to those who already had an interest in patient education, had support from their administrators to carry out a program they would plan, would come as a member of a multidisciplinary team, and would be able to devote 3 days to the workshop. Special groups and some persons were contacted individually, and a news release and brochure describing the workshop were distributed to hospitals, health departments, and nursing homes in the State.

### **Financial Arrangements**

It was decided that a "live-in" workshop arrangement would be best since the workshop was structured around intensive group work sessions and that considerable benefits accruing from the informal contacts and discussions among the participants could occur only if the group maintained almost continuous contact.

The site chosen for the workshop was a religious retreat center which also serves as a con-

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ference center, located in a secluded, serene, rural atmosphere. It has ample space for large and small group meetings. The health department paid only \$125 for the use of the facility for the entire session, which began Monday afternoon and concluded Thursday afternoon. The cost for room and board was \$51 for each participant.

Because the health department lacked sufficient funds to pay for participants to attend, a mini-grant was obtained from the Maryland Regional Medical Program. The \$1,850 grant enabled 36 participants whose organizations could not pay for their rooms and meals at the center to receive "stipends" to cover these expenses. The Health Care Facilities Service sent several of its health educators and a public information officer, who served as faculty members, paid the expenses of several speakers and group leaders, and published the workshop program and proceedings (2). In addition, some group leaders and speakers not only offered their services without charge but their employers also paid their expenses at the center. In short, the workshop was conducted on a shoe-string budget.

### Preworkshop Questionnaire

In a preworkshop survey, participants were asked to respond to questions about their learning objectives, the patient education problem on which their team would work, and the objectives of their institution's patient education programs. The questionnaire had three purposes: (a) to encourage preworkshop planning by the participants from each facility, (b) to help the planners decide upon the workshop format and plenary sessions, and (c) to provide group leaders, some of whom were from out of State, with information about the people with whom they would be working.

### Workshop Participants

Attendance was limited because of the conference center's housing capacity. A total of 72 participants, grouped into 23 teams, attended the workshop. They represented 21 health care facilities (two facilities sent two teams):

- 4 county health departments;
- 2 State mental hospitals;
- 6 general hospitals;
- 1 State tuberculosis hospital;
- 1 State chronic disease hospital;
- 2 community mental health centers;
- 1 State mental retardation institution;
- 1 nursing home corporation;
- 1 family health center;
- 1 State juvenile training school; and
- 1 interdisciplinary health education corps

The disciplines of the participants included medicine (psychiatry and orthopedic surgery); hospital and public health nursing; psychology; nutrition and dietetics; social work; rehabilitation, occupational, physical, and speech therapy; volunteer and juvenile service work; counseling; training; health education; and health advocacy. Participants had been encouraged to consider consumers among their team members, so it was gratifying that several teams had members who were involved in advocacy or were representatives of consumer groups.

### Special Workshop Materials

Reprints of journal articles and booklets about patient education were given to participants for use at the workshop as well as for subsequent reference. A special workbook was prepared to encourage participants to specify behavioral objectives; to determine the various opportunities for patient education in inpatient and outpatient facilities; to be aware of available resources, both in and outside their facility; and to complete a form outlining their patient education plans. Special reprints were added to the workbook to aid in completing some of the forms. Teams were encouraged to use the entire workbook or only a part of it, according to the group's decision. The workbook proved to be a useful and practical tool.

To evaluate the workshop and to plan more effectively for the future, pre- and postworkshop questionnaires as well as a 6-months' followup survey were administered to the participants. Although it is difficult to measure change after a 3-day workshop, the information has been beneficial to those concerned with followup and will

provide baseline data for future planning by the health department.

### Workshop Design

Plenary sessions were interspersed with group work sessions during the workshop. The topics at the general sessions included the concept of patient education, program planning, communication for effective treatment, methods and materials, and cost effectiveness. Physicians, nurses, health educators, a pharmacist, a nutritionist, program administrators, and fiscal experts served as speakers.

For the work sessions, several teams were assigned to one group leader who provided general guidance to the group and special assistance to the individual teams as they developed their programs. Educators were chosen as group leaders because of their knowledge of group dynamics and the educational process. During the group work sessions the participants worked on the development of comprehensive patient education plans for their target populations. Information supplied during the plenary sessions helped to facilitate the program planning process.

### Patient Education Plans

At the final session, each team presented the patient education programs that the members had designed during the workshop. Faculty and other participants critiqued the plans. Thus the workshop accomplished its major objectives: each interdisciplinary team had indeed prepared a specific patient education plan for one of its target populations.

The following are examples of the objectives as delineated in some of the team plans:

*Tuberculosis hospital.* "To discharge patients who have adequate knowledge of their health problems and confidence in their own ability to maintain health and prevent readmission." The pilot program would be directed to 15 males with tuberculosis. Specific objectives would include the patients' being able to identify the medications being taken and the reactions, a knowledge of the basis for the medical procedures used to treat

tuberculosis, a knowledge of community resources, and favorable family attitude and support.

*General hospital.* "To maintain a healthy pregnancy both for teenage mothers and their babies." The evaluation of the success of this program would be related to a shortened hospital stay. Educational methods would include not only one-to-one counseling but also group discussions, undoubtedly a new approach for this unit of the hospital.

*Local health department.* "To reduce the incidence of nutritional anemia in children aged 1-6 attending child health clinic sessions." This clinic serves a number of foreign-born parents with limited communication skills in the English language.

*Juvenile training center.* "To bring about a better adjustment of the boys when they return to community and family life." This program, directed to boys 14½-16 years old as part of the center's prerelease services, emphasized creating an awareness among the youth concerning community agencies which could provide assistance to them.

*Community health center.* "To promote better utilization of the health and medical services offered."

*Nursing home.* "To acquaint each non-senile, mobile new patient and his family with the purpose of his admission, the daily routine, the individual patient's nursing care program, the diet, the availability of service such as social services and physical therapy, and the physical plant."

*General hospital.* "To increase the patient's responsibility for his own care after orthopedic surgery." This plan, which would be evaluated by a reduction of length of stay of such patients and the alleviation of complications, included the development of printed discharge instructions in addition to individual counseling, group discussion, and audiovisual aids.

*Institution for the mentally retarded.* "To educate a group of retarded males to become more self-sufficient in the area of personal hygiene as an initial step to earlier return to their home environ-

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ment.” During the meeting the team began to develop some specific teaching aids for the mentally retarded in their facility.

*Hospital home care department.* “To enable paraplegic and quadriplegic patients to be as independent as possible in their home environment.”

*Mental hospital.* “To help adolescents participate in their own treatment plans as part of the larger goal of helping adolescent patients accept responsibility for their own behavior.”

*Community mental health center.* “To increase the number of self and/or family referrals from a defined portion of the catchment area.”

All teams were requested to submit, at the conclusion of the workshop, a written copy of their plans specifying the following items: the name of the facility, team members and their titles, the program goal and objectives, resources to be used, educational methods, an outline of the program’s design, and a time table.

The plans revealed that the team members recognized the value of the multidisciplinary approach, that a variety of educational methods and materials would be helpful, that there were staff training needs, and that family members could play an important role in patient education.

For many participants, the workshop provided the first opportunity for persons in different disciplines to work together toward a specific educational program for a target population. The teams often worked from early morning until late at night to complete their tasks.

### Followup Plans

From its conception the workshop was visualized as a beginning, not an end. The program plans, as excellent as they were, are of little value unless they are implemented. Therefore, several actions have been taken to maintain the interest that was engendered.

1. The patient education plans developed by the teams are part of the workshop proceedings which have been distributed to all participants for study and for review of the ideas presented by the speakers.

2. A 6-months’ followup, 1-day conference has

been held for the participants. Approximately 60 workshop participants discussed the progress of their patient education plans and shared ideas about ways to solve problems that have arisen during implementation.

3. Health education staff members of the health department are offering consultation to some teams as they need it during the implementation process.

4. Reports about specific patient plans will be made to appropriate administrators within the health department to encourage support for programs in State institutions in particular.

5. An effort is being made to create an additional position for a health educator who can provide consultation in patient education programming in various health facilities throughout the State.

6. Consideration is being given to sponsoring similar workshops on a regional basis throughout the State to enable more health teams to attend and to planning a short conference for administrators of medical care facilities.

### Conclusions

The workshop can be regarded as the beginning of a significant thrust by the Maryland State Department of Health and Mental Hygiene in assuming leadership in the State in the development of effective patient education programs.

Other State and local health departments may also find a multidisciplinary workshop an effective springboard to a comprehensive approach to patient education programming in their areas. Patient education is an essential component of care. Excellence in patient education programming can result in humanitarian and financial benefits for both consumers and providers of health services.

### REFERENCES

- (1) American Hospital Association: Statement on a patient’s bill of rights. *Hospitals* 47: 41, Feb. 16, 1973.
- (2) Educational Services, Maryland State Department of Health and Mental Hygiene: Proceedings . . . Workshop on patient education programming. HEW Publication No. (HRA) 74-4002, Health Care Facilities Service, Health Resources Administration, Rockville, Md.