Women and Their Health Care Providers: A Matter of Communication

Patient Education: The Role of the Physician Assistant and Other Allied Health Professionals

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Synopsis

The physician assistant (PA) has been on the leading edge in the development of midlevel health providers since the 1960s. As an allied health professional, PAs, along with nurse practitioners, midwives, nurse anesthetists, and others, emphasize patient education. Oftentimes, patient education can be introduced in the academic setting, but true learning comes with experience as a student in clinical training.

Most people enter an allied health profession with a sincere interest in developing quality patient-provider relationships. The basis for these relationships is thoughtful time spent with patients, listening to them and gaining a true appreciation of their fears and concerns and a comprehension of ill health as well as ideal health.

Allied health professionals are commonly employed in settings that emphasize the team approach in medicine. By offering a patient the variety of services that the team can give, the practice of medicine becomes holistic, and patient education is integrated very easily.

PHYSICIAN ASSISTANTS (PAs) are just one of the members of the health care team that hold in high esteem the values of quality patient care and accurate, thoughtful patient education. For over 20 years, PAs have been trained in colleges and universities throughout the country. At the time of the inception of such training, PAs responded to a perceived shortage of physicians. By training midlevel health practitioners, access to health care in the traditionally underserved areas, both city and rural, could be improved. It was improved, and the proportion of PAs who relocated to these areas was higher than physicians, although underserved areas exist today.

What motivates people to become involved in the health care team as a PA, nurse practitioner, or any other health care allied health professional? Probably a prime motivator is a sense of purpose in helping one's fellow man or woman in an especially stressful time, that of ill health. As we see more frequently today, however, health professionals are becoming more and more active in working with patients in the quest for ideal health.

In either circumstance, ill health or ideal health, most health professionals can confess to a benevolent nature combined with a sense of egalitarianism. As an educator of both midlevel health care providers and medical students, I know it is a challenge to assist in the development of these young professionals. Within the context of the traditional medical education model, however, how does one teach those who are to be not only health care providers, but also health care educators?

To begin with, the problem with methods of teaching patient education in an academic setting is a difficult one. Not only is finding time in an already tight curriculum a common problem, but in addition, it is extremely difficult to teach students how to teach patients. Many students, both allied health and medical, prefer to gain insight into provider-patient relationships by direct observation. This is not to dismiss formal academic lectures in patient education, but as many students and professionals will point out, the optimum way to learn is by doing and observing.

Therefore, clinicians who are observed by students face a special challenge to convey thoughtful and accurate patient education not only to patients, but also to students during their training. As a PA, what do I feel is the goal of patient education?

'First and most importantly, let our patients talk. Some of them talk too much, but we must get to a point where we encourage them to verbalize.'

I speak for myself, but I believe my sentiments are shared by many midlevel health providers. As I questioned before, what motivates people to enter an allied health profession? One common thread that runs through the personalities of many of my colleagues is a genuine interest in the well-being of our patients. We enjoy spending time with our patients, and we use that time to convey important health education information.

This can take the form of instructional reminders regarding medications or lifestyle risk factors, or explaining the pathophysiology of disease in terms the lay person can easily understand; and in these activities lie the goal of patient education for the allied health professional: to gain insight into each one of our patients, thereby solidifying the patient-provider relationship. This can be accomplished in many ways.

First and most importantly, let our patients talk. Some of them talk too much, but we must get to a point where we encourage them to verbalize. This can give us an insight into their own needs, personalities, stressors, and fears. Once they have verbalized, we can use our own tools, such as sophisticated interviewing techniques, personal telephone call followup, and scheduling or attempting to schedule convenient appointments. These are only the bricks from which the base is structured to build a solid relationship.

Out of this solidified structure, one would hope might come clear, insightful patient-provider communication which could ensure overall patient compliance and trust in you as a competent and respected provider of health care. This last point brings up one of many potential barriers for a health care provider. Once all of our bricks are used up and we feel frustrated in not successfully building a strong patient-provider relationship, how do we respond? This is clearly one large barrier to the continued emphasis on patient education. As professionals, we would like to see successes as the result of our interventions. This, however, is not always the case.

In addition, another barrier might present itself, this one being nonreimbursable services. Patient education services are not universally reimbursable, and therefore may limit overall efforts in this area. The third barrier I alluded to before could be the lack of well-trained, dedicated professionals. We need them to pass along the communications skills and the educational pearls to our young medical professionals.

What is important to remember when addressing the issue of allied health professionals and patient education and communication is that when utilizing these professionals, one must keep in mind that medicine takes on a team approach. Physicians are well aware of talents and skills of their nonphysician colleagues. What develops then is a well-designed, logical approach to patient education and communication.

I am especially proud to be associated with allied health professionals, who pride themselves on being highly trained clinicians, but most importantly on being talented communicators and patient educators. In a recent role-delineation study carried out by the American Academy of Physician Assistants, 1,300 PAs contributed their thoughts and actual practice characteristics. A central role of PAs that was revealed by the role delineation studies was that PAs saw themselves very commonly as health educators.

Within that central focus, these practice characteristics were seen as common areas of patient education: breast self-examination, cancer warning signs, community resources, contraceptives, prenatal care, labor and delivery, and menopause. Among these common areas of patient education for women, 40-60 percent of PAs who were surveyed spent a considerable amount of time educating patients in these areas. Since many physicians are employed in primary care, it is not surprising that these are central roles for many clinicians.

Not only is our role to assist in the healing process but also to be able to communicate to patients what the healing process involves, what the methods of future prevention are, and, most importantly, a sincere interest in them as people whose health and well-being is as important to them as it is to us.