

Currently, the staff responsible for the operation of this system consists of a part-time medical director who is also medical director of the clinic, a full-time patient education coordinator, an administrative assistant, and a part-time secretary.

Evaluation

Of the first 100 patients referred to the program, 51 percent had a primary diagnosis of diabetes mellitus; 30 percent of these cases had been newly diagnosed. This proportion is in sharp contrast to the overall inpatient load; only 16 percent of the hospital's patients have diabetes mellitus listed as the primary diagnosis and the difference may reflect the physicians' criteria for referral. Eighty-five of the 100 were referred by private physicians, and the balance were patients referred by house staff.

In reviewing the data available on patients not referred to the program, we found that good control of diabetes, surgery during hospitalization, severe neurological or emotional problems (or both), cancer, and other serious conditions such as myocardial infarction or cerebrovascular accident were the main reasons given for the nonreferral.

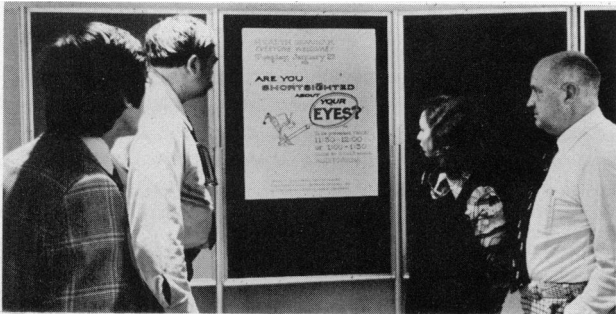
Two months after each patient was discharged, followup questionnaires were done with the physician and, by tele-

phone, with the patient. For those patients for whom followup information is complete, we found that 69 percent have had a desired weight change, 6 percent have maintained an acceptable weight, 87 percent have had lowered blood sugar, 9 percent have had increased blood sugars, and 4 percent have had no change. In short, we have helped patients change their eating habits, establish a daily exercise regimen, and learn more about diabetes in general.

Although this approach for diabetics is being adapted for patients with other disease entities in the clinic as well as the hospital, we have many other avenues to explore. We believe that the basic concept of a physician-prescribed, tailor-made patient education program is sound. It takes into account the importance of physician involvement and the wide variations among patients in their knowledge, attitudes, and lifestyles. Active participation by physicians in the planning and growth of the program has given our program strength and breadth, and it has contributed immeasurably to its success.

—Liz Bernheimer, MPH, coordinator, Patient Education, St. Mary's Hospital and Medical Center, San Francisco.

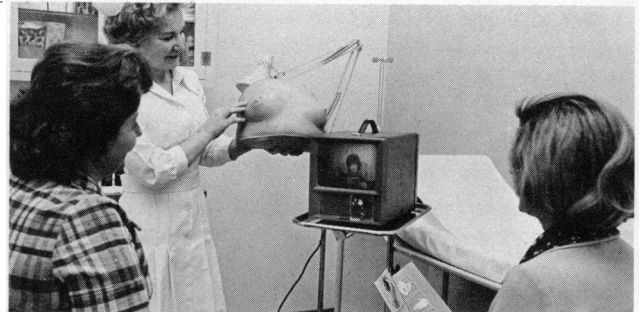
INDUSTRIAL HEALTH EDUCATION IN MORRISTOWN, N.J.



■ Attendance was high at a series of industrial health education programs offered to employees of the Bell Laboratories in Morristown, N.J., in the fall of 1974. Designed and carried out by the Department of Community Health Education of the Morristown Memorial Hospital, this series sought to reach people who ordinarily do not have the time or opportunity to participate in preventive programs because of full-time employment.

The series began with a program entitled "Living in Our Competitive World," in which the emphasis was on the psychological aspects of stress and how to deal with them. Subsequent programs focused on cardiac risk factors, cancer, dentistry, breast self-examination, and adolescent health.

The general objectives for this health education effort were to give employees medically accurate information, encourage them to seek regular medical care, teach them to recognize the early warning signs of health problems, convince them to change their health behavior with a view to improving their health and reducing the risk of illness,



provide onsite learning opportunities in such special areas of prevention as breast self-examination, and inform the workers of health education programs and health care services available in their community.

Each program in the series consisted of a 20-minute presentation on a specific health subject by an expert, followed by a 10-minute period of questions and answers. Whenever possible, high-quality slides or short films were included in the presentations. At each program, reading material was available for the employees to take with them—material that it was hoped would reinforce the health teaching, extend the program's influence to the families of program participants, and help advertise the series.

Each of the six half-hour programs was offered twice during the lunch period of a specified day (at 11:30 am and 1:00 pm). All programs were held in the company's auditorium, which seats 300 people. To attend a session, the employees had to walk a considerable distance and give up part of their lunch period.

Results

The first program, "Living in Our Competitive World," proved to be the most popular. The auditorium was filled to capacity for both sessions of it, and many people had to sit in the aisles or stand in the rear. More than 600 of the laboratories' 2,500 onsite employees attended. The next most popular program was the one on cancer. The cardiac program was the least popular one among the men, as judged by their ratings. This result is interesting in view of the high risk of cardiac disease among men of the age and occupation groups that the male Bell employees represented. At all sessions, the employees exhibited their interest by freely taking the health materials that were offered.

To evaluate this health education effort, a questionnaire was sent to all employees with a request that anyone who had attended at least one program complete and return the questionnaire. The seven items on the instrument were designed to determine the sex and age groups of the respondents, which health education programs in the series they had attended, how they rated these programs on a scale from poor to excellent, what health actions they had taken as a result of the program, with whom they had shared the program information, whether they wanted the programs continued, what changes in program format they would like to see, and what subjects they would like to have covered in the future.

Almost 400 employees returned the questionnaire. Eighty percent of the employees were men between 30 and 54 years old. Most of the female respondents were under 30. The age and sex distributions of the respondents were similar to those for all employees.

The health education programs were rated good by 53 percent of the respondents, both male and female, and excellent by 43 percent.

The health action that both male and female respondents most commonly took as a result of the series was related to some aspect of dental hygiene or dental health. The most frequently mentioned response was switching to a soft toothbrush. The adoption of certain techniques to reduce stress was the second most frequently reported health action, followed by physical examinations, improvement in diet, and initiation of appropriate exercise.

Men were slightly less likely to take a positive health action than women (P value between 0.2 and 0.1 and Q value minus 0.23). Thus, there was a low negative correlation between men and the taking of a positive health action. The tendency to take a health action was strongly related to the number of sessions that the respondents attended (P value less than 0.01), the strongest association being found for those attending four programs.

Since the women did not attend any more programs than the men (P value greater than 0.05), the number of sessions that the respondents attended apparently did not account for the greater tendency of the female respondents to take a health action.

Currently, five companies in the Morristown, N.J., area are participating in a similar series of industrial health programs on a continuing basis. In addition, individual programs from the series have been presented to other companies upon request. The program on the physiological and psychological aspects of stress has also been given as part of several companies' management training courses.

Suggestions from employees about additional topics of interest to them in the health field are expected to provide the basis for future programs.

Conclusion

Further investigation is needed to determine why some people take a preventive health action and others do not. Changing a dental habit is undoubtedly an act that is less threatening and more easily accomplished than admitting that one is at risk of cardiac disease since admitting this might entail changing one's lifestyle.

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Patient Education Coordinators in Greenville, S.C., Hospitals

■ The benefits of patient and family education in the management of health problems, long recognized by nursing, have been receiving increasing attention. To augment this aspect of quality care, the Greenville Hospital System, aided by a grant from the Department of Health, Education, and Welfare, created the position of patient education coordinator for each of its major hospital centers.

In the organizational structure, the coordinator is placed under nursing administration, because instructing patients is a principal component of nursing care. The minimal qualifications for this role are (a) a registered nurse with a bachelor's degree, (b) education and successful experience in the teaching-learning process, and (c) demonstrated skills in human relationships.

The objectives of the program are to enhance quality care by helping staff nurses provide health education to patients and their families and to explore ways to promote community health education programs.

The major functions of the coordinators are as follows.

—Planning and teaching inservice classes about subjects such as "Teaching the Teacher," "The Teaching Role of the Nurse," "The Nurse's Role in Diabetes," and "Documentation."

—Supplying each nursing area with teaching aids and guidelines for assessing and teaching specific disease entities. These tools are designed to allow individualized planning for patient care.

—As role models, the coordinators maintain patient contact and teach a number of patients on a one-to-one basis and in groups and document the teaching-learning process in the patients' medical records.

—During their scheduled orientation to the hospital system, all new nursing personnel are oriented to patient education by the coordinators. Details such as philosophy, principles of teaching and learning, documentation, and assessment are included in the orientation.