MIEC

MIEC LOSS PREVENTION

Managing Your Practice

Advisory 14

Patient education improves care and reduces liability

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Educating patients about the nature and extent of an illness or disease, the proper use of medications, the limitations on activities or dietary restrictions, the need for follow-up treatment, and more can reduce patient injury and decrease physician liability. This advisory reviews the benefits of educating patients, identifies six situations in which patient education is essential, and explains how physicians can educate their patients without burdening their medical practice.

Malpractice liability experts, risk managers, and an increasing number of physicians, nurses and other health professionals acknowledge that patient and family education has become an essential component of health care. Studies repeatedly find that patients want more information than they currently receive from their caregivers. Patients want to be involved in decisions affecting their care and treatment, and they desire enough information to enable them to make informed decisions about treatment options, invasive procedures, and tests that have risks of injury or adverse outcome. When a patient sustains an injury which is not the physician's fault, but which is related to something the patient did or failed to do because he or she was inadequately informed by the doctor, the patient may blame the physician and a malpractice suit may follow. Patient education is an effective method for avoiding such problems.

Education benefits patients and physicians

Many research projects, studies and articles confirm the value of educating patients about their health care and about medical subjects in general. The benefits of educating patients include:

- A reduction in injuries that result from patients' failure to follow advice because they received inadequate information;
- Better patient compliance with medical advice that is personalized for the patient's treatment or care;
- More realistic patient expectations about medical services and the limitations of care;
- More efficient and economical use of healthcare services and facilities;
- More active patient participation in decisions affecting their healthcare;
- Increased patient ability to give informed consent to invasive procedures and tests;
- Improvement in doctor-patient relationships and increased patient confidence in their physicians; and
- Significant reduction in physicians' malpractice liability exposure.

Identifying patients' primary educational needs

Educating patients does not require physicians to give lengthy, technical lectures on complex medical topics. Proponents of patient education caution against overwhelming patients with too much information, or too many choices. Rather, when planning educational discussions, physicians are encouraged to be sensitive to the fears patients have about their health, and especially about their mortality. Six aspects of health care in which patient education should be an integral component are:

Surgery: Few things are as frightening to patients as the prospect of surgery. Although surgery and the administration of anesthesia have never been safer than they are today, the thought of "going under the knife" remains a significant fear for patients. Many surgeons have a thoughtful, sensitive approach to discussing proposed surgery with patients. They begin by explaining: (1) why the surgery is needed; (2) what the surgery is expected to accomplish; (3) the common risks and complications; (4) alternatives to surgery and their risks; and (5) the long term prognosis. Depending on the patient's condition and wishes, these surgeons include family members in educational discussions. The surgeons encourage and answer questions and, when possible, give the patient additional time to consider the choices. These discussions are reinforced in a variety of ways, including asking the patient (and family) to view a videotape of the procedure and/or encouraging them to read written material that summarizes the main points of the physician's discussion. Patients and family members can re-read the written material as often as they like in the privacy of their home.

Cancer: Despite the advances that have been made in diagnosing, treating and curing cancer, to many patients it is an alarming health issue. While physicians know that cancers come in myriad varieties, that some cancers are relatively insignificant, some worrisome but treatable, and that others are more serious and potentially fatal, few patients understand the nature and consequences of their newly diagnosed cancer. The physician's willingness to educate and inform is never more important than when the dreaded news, "You have cancer," is first pronounced.

New diagnoses: The disclosure to a patient that he or she has been diagnosed with a serious disease or condition causes considerable anxiety and consternation. When one is told that he or she has a degenerative, physically-limiting or fatal disease, the news prompts countless questions, some of which the patient cannot immediately voice. In this situation the physician's role as educator is invaluable. The doctor can inform the patient about: what the disease is and what it is not; how it started; what treatment is available; whether it can be cured, slowed or merely palliated; what its long term effects are; how it will change the patient's quality of life; how it will affect the patient's family; how costly treatment could be; and related issues.

Medications: A significant percentage of medication related injuries occur and result in claims because patients are inadequately informed about the medications they take. Patients who take multiple medications face increased risk. Patients, in general, are inadequately informed about such aspects of medication use as: what the drug is for; how the drug works; precautions to follow when taking the drug; side effects or other problems that should be reported to the physician; minor side effects that should not cause concern; and what to do if they miss a dose. The only "education" some patients receive about medications is the instruction on the bottle, which may say only, "Take as directed."

Referrals to a specialist: A referring physician can anticipate and help to allay a patient's anxiety or misunderstanding about the referral to a specialist by educating the patient about the reason for the referral and the level of urgency attached to it. Education about the specialist is also helpful for many patients do not know what different specialists do.

Discharge from the hospital: An important part of patient education takes place at the time patients are discharged from a hospital. While

nurses and other discharge planners can provide extensive general information about the post-surgery or post-hospitalization period, a patient's physician is better able to explain what the patient can expect during his or her convalescence. Only the physician can accurately advise the patient about future treatment and prognosis. In some cases, a patient's family may require education more than the patient does. Physicians should anticipate the patient's or family's concerns and include family members in a discharge discussion if the patient authorizes this communication. These doctors' final orders direct the nurses to let the family know when the patient will be discharged and when the physician will be available to answer their questions.

The physician's role as patient and family educator

In every practice, the doctor should retain responsibility for certain aspects of patient education. Only a physician should explain to patients why they need surgery or diagnostic studies, the benefits and risks of recommended procedures, and alternatives with their benefits and risks. Only a physician should disclose and discuss the significance of a newly-diagnosed condition or disease. Physicians also should personally explain significant positive diagnostic test results; the purpose of medications; individual risk factors; and the reasons for referrals to specialists. Generally, patients want to know: (1) what their medical problem is, in terms they can understand; (2) how serious it is and what effect it has on their health, now or in the future; (3) how the physician proposes to treat it; (4) what risks are involved in the treatment, if any; and (5) what treatment alternatives are available.

To be effective educators, we recommend that physicians consider the following:

1. Communicate sufficient information: Don't overwhelm patients with too much information, and too many choices or offer too little advice. Provide information that patients need to make informed decisions.
2. Talk, don't lecture: Engage in a conversation with patients in simple language. Gear the information you provide to the patient with whom you are speaking. For example, avoid, "The etiology of your child's neurologic condition is not cardiac in nature," and say, "Well, I've determined that your child's fainting spells are not caused by a heart problem."
3. Encourage patients to ask questions and listen to their responses: Rather than, "Do you have any questions?", say specifically, "Do you have any questions about what we've discussed and how to manage your blood pressure?" Encourage patients to repeat instructions. For example, "Tell me how you should take your blood pressure medications."
4. Use illustrations, drawings, models, and photographs as visual aides when you explain complex surgical procedures, internal disease processes, and more.
5. Pay attention to your body language when talking with a patient. Are you standing over the patient (appearing somewhat authoritarian), or sitting down ready to engage in a conversation? Are you standing by the door ready to leave? Do you maintain eye contact with the patient? What does the tone of your voice communicate? Do you frequently interrupt the patient?
6. While monitoring your own body language, pay attention to your patient's nonverbal communication also. Does the patient maintain eye contact with you? Does the look on his or her face indicate understanding or reflect lack of comprehension? Is the patient fidgeting, which may imply concern? Has the patient's breathing pattern changed?

Staff can help physicians educate patients

Office staff, including nurses and other health professionals who have had some instruction on medical topics, can help physicians educate patients. An internist who has found that educating patients about their medical problems reduces their anxiety and late night questions, anticipates their concerns in a brief discussion

which he concludes by saying, "... and I've prepared a fact sheet about [high blood pressure] that I'd like you [and your spouse] to read before your next appointment. I've trained [my medical assistant] Jenny to answer general questions about high blood pressure that are not covered in this handout. Jenny can't give medical advice, of course, but she will let me know if either you or she think I should answer specific questions. I want to be sure you understand that my goal is to give you as much information about your high blood pressure condition as you need, and I want to encourage you not to be shy about asking anything you have concerns about." The doctor's medical assistant has a list of questions and situations she must refer to the physician for each medical problem she has been trained to discuss.

Written information supplements oral education

Most physicians speak with their patients and try to explain medical problems. But oral communication is simply not enough in many instances. The subject matter may be too complex for the patient to remember. Some patients may not understand a technical discussion or may not be able to remember what the doctor said.

Patients benefit from having written material they can read and review as often as they wish. Providing written material for patients also serves to educate their spouses or adult children about the patient's medical care.

MIEC recommends that physicians rely more on printed educational material (which can be obtained from a variety of sources) to supplement, not replace, their oral discussions.

Many physicians write their own fact sheets which explain: what a condition or disease is, how it is usually diagnosed, what effect it has on patients, how it is treated, and its long-term effects, if any. To be effective and to increase the likelihood patients will read them, fact sheets should be written in simple language and be limited to one page (or two at the most for more complex topics.) Follow these guidelines when preparing your own fact sheets:

1. Organize the material in logical sequence; emphasize key points and promote readability by using headings;
2. Use simple language, short sentences and paragraphs; avoid medical jargon and abbreviations; ask several patients (or a junior high student) to pre-test material for clarity;
3. Give clear instructions that spell out "how long," "how much," or "how high." Avoid vague advice such as, "take fluids," "check temperature," or "watch your diet;"
4. Use clear illustrations and/or diagrams when appropriate;
5. Print the information on your letterhead or logo;
6. Check and double-check spelling, punctuation and grammar;
7. Number items for easy documentation. For example, write "PI #5, 1/3/02" in the chart, which means the patient was given a copy of Patient Information sheet #5 on January 3, 2002, was asked to read it, and to ask questions, if he or she had any;
8. Make clean, legible copies;
9. On a subsequent visit, ask patients if they read and understood the material; document their responses; and
10. Reevaluate materials periodically for content and relevance.

Physicians who do not wish to write their own educational materials can draw from a wide range of resources. For current patient education and medication information, visit MIEC's web site at www.miec.com.

Get advice from MIEC

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