Tips for Providing & Documenting Effective Patient Education

Since 1993, The Joint Commission has extended the responsibility for patient education to all healthcare providers. The educated patient is typically better able to co-operate with her healthcare providers and participate in her treatment plan. The American Medical Association suggests providers document in the medical record when written education materials are provided to the patient and/or others involved in the patient's care/education. Education provided must be documented in the Medical Record. Documentation of patient education is part of the final step in the patient education process. As the old saying goes, if it isn’t documented, it wasn’t done. Remember, too, that attorneys who might represent you can draw only from the documentation you have provided.

Here are some tips for providing and documenting effective patient education.

1) Provide the patient with instructions and materials that are appropriate for the patient's age, cultural beliefs, experience, understanding and readiness. For example, when working with a low-literacy patient, consider using visual aids or hands-on activities instead of wordy pamphlets or brochures.

2) Consider potential barriers to the patient's learning and devise a plan that helps the patient overcome them. A few examples of such barriers (among others) might be: financial limitations, lack of motivation, low literacy and comprehension skills, language barriers, negative past experiences, or misconceptions about disease and treatment.

3) Provide counseling and educational materials on a variety of topics that are relevant to your patients' needs and concerns. Some examples of these topics might be: immunizations, nutrition, smoking cessation, substance abuse, family planning, breast self-examination, stress management.

4) Provide education and counseling about chronic disease management. Educating patients about topics like asthma, arthritis, obesity, depression and anxiety, and other chronic conditions can lead to improved health outcomes and reduced overall healthcare costs.

5) Encourage the patient to ask questions and provide appropriate answers.
6) When dealing with a patient's acute illness, prepare the patient for the symptoms and effects of the condition, examination and treatment. Identify potential barriers to the treatment plan and address them accordingly.

7) When devising long-term strategies for chronic disease, provide the patient with manageable information over time. Involve the patient in setting manageable goals, and provide the patient with feedback on his or her progress. For example, help an obese patient set manageable weight loss goals, and provide positive feedback as the patient works toward reaching those goals.

8) Determine the patient's at-risk behaviors through interviews and health appraisals, and address any potential risk factors. Also introduce health promotion topics during "teachable moments." For example, if a patient comes in to be tested for sexually transmitted infections (STI), provide the patient with education on sexual health and contraception.

9) Develop systems to facilitate the use of patient education materials in the office practice, and develop systems to involve office staff with assisting with patient education.

10) Be aware of emerging technologies and consider how they might be used to provide patient education and counseling.

11) Ensure that your verbal discussions and written materials are appropriate for the patient's age, cultural beliefs, experience, understanding and readiness. Typically, these materials are prepared at the 6-8 grade levels. For example, when working with a low-literacy patient, consider using visual aids or hands-on activities instead of wordy pamphlets or brochures.

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General Source: The American Academy of Family Physicians

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1. American Medical Association, Patient Education, Health Literacy resources and programs

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