

Section

I

BASIC CONCEPTS OF PATIENT EDUCATION

Section I of this book, “Basic Concepts of Patient Education,” describes the importance of teaching and learning in health care and physical and occupational therapy rehabilitation as well as the historical development of patient teaching and learning. Section I concludes by defining patient education within the context of rehabilitation and providing an in-depth exploration of predictors that contribute to effective patient instruction.

Section I is divided into the following five chapters:

Chapter 1: Significance of Patient Education for Health Care and Rehabilitation

Chapter 2: Historical Outlook of Patient Education in American Health Care

Chapter 3: Historical Outlook of Patient Education in Physical and Occupational Rehabilitation

Chapter 4: Patient Education in the Context of Physical and Occupational Rehabilitation

Chapter 5: Predictors of Effectual Patient Education

SIGNIFICANCE OF PATIENT EDUCATION FOR HEALTH CARE AND REHABILITATION

Objectives



After completing Chapter 1, the reader will be able to:

- Identify the significance of patient education in health care.
- Discuss the importance of patient education in physical and occupational rehabilitation.
- Compare and contrast the impact of patient education in health care and in rehabilitation.
- Understand the importance of patient education as related to health care and rehabilitation practices.
- Identify the general significance and benefits of patient education and health education.

The Significance of Patient Education in Health Care



In contemporary health care, patient education is a patient's right and a health care provider's responsibility. U.S. governmental efforts regarding health and patient education are illustrated in the *Healthy People 2000* and *Healthy People 2010* initiatives. These initiatives have encouraged the United States as a whole to participate in health promotion and disease

prevention through exercising, appreciating better health and fitness, avoiding workplace injuries, immunizing children against disease, and participating in preventive screening programs. The upcoming *Healthy People 2020* expands the goals for health promotion and patient or client teaching and learning by incorporating specific health objectives for various races and ethnicities. It also includes a larger, contemporary definition of the concept of health equality in relation to health risks caused by various genetic differences and predispositions to diseases or disorders.

PATIENT EDUCATION VERSUS HEALTH EDUCATION

Patient education is a significant component of modern health care.¹ Patient education can be divided into two large categories—clinical patient education (or clinical teaching and learning) and health education. Clinical patient education is a planned, systematic, sequential, and logical process of teaching and learning provided to patients and clients in all clinical settings.² It is also a continuous teaching and learning process involving the health care provider and the patient or client (and/or the patient's family). The goals of clinical teaching and learning are based on the patient's assessment, evaluation, diagnosis, prognosis, and individual needs and requirements related to interventions.

Health education is also a teaching and learning process similar to patient education. However, it concentrates mostly on wellness, prevention, and health promotion. Additionally, health education can be provided to individuals, groups, and communities. The basic focus of health education is to change and improve societal health behaviors. In regard to both contemporary clinical patient education and health education, patients and clients are taking a more informed and active role in health care–related decisions. This new approach to health can be attributed to a variety of factors, including educational materials distributed by health care providers, the abundance of medical information found on the Internet, and clinicians' increased involvement in patient education. Furthermore, all health care providers have been learning new risk assessment techniques in the context of current health promotion and prevention. The illness-based thinking process has been changing to a risk-based one that involves the patient as a collaborator and partner of care, sharing responsibilities with the clinician.¹ The degree to which risky behaviors are reduced depends mostly on the patient's understanding of the significance of the risk and the importance of change. In this context, the primary role of the health care provider is that of patient educator and supporter, to better help patients progress and effect the needed life modification.

THE PATIENT-CENTERED CARE MODEL

Health professionals are increasingly encouraged to involve patients in treatment decisions, recognizing patients as experts with a unique knowledge of their own health and their preferences for treatments, health states, and outcomes. Increased patient involvement in health care represents an important part of quality improvement of all health care organizations.³ Patients' participation in health care assessments has been largely associated with better health outcomes. As a result, health care providers need to expand their patient-centered care practices. Modern health care has been evolving away from a disease-

centered model toward a patient-centered model. The patient-centered approach demonstrates the highest quality of care, offering the most effective interventions, including education, for an individual patient.⁴ In addition, care that is truly patient-centered considers patients' cultural traditions, personal preferences and values, family situations, and lifestyles. The patient and his or her family are an integral part of the health care team, actively collaborating with health care providers in making clinical decisions.⁴ Consequently, patient clinical teaching and learning is essential in this context because it increases patients' responsibility for important aspects of their self-care, monitoring, and continuum of care. Patient-centered care also assures coordinated and efficient teaching and learning between health care professionals and providers involved in each patient's treatment.⁴

THE BENEFITS OF PATIENT EDUCATION IN HEALTH CARE

Health care institutions are recognizing the benefits of patient education in improving patients' safety and adherence to interventions as well as patients' satisfaction. In contemporary health delivery, patient education has the potential to counter the rise in health care costs by reducing expenses and helping patients manage pricey chronic conditions. Adopting patient education programs can help health care providers and organizations produce better outcomes and enhance quality of care. Effective educational materials can help patients understand medical complexities while reducing anxiety and increasing compliance with instructions. Patient educational resources have the ability to change communication into actions and improve health. Furthermore, in modern health care, patient education is supported because it adds value to the management of various diseases and disorders. Specific interventions aimed at increasing the patient's knowledge can improve the treatment outcomes of many acute and chronic illnesses. For example, when they become ill, educated patients remain motivated and adherent with treatment programs.¹ Direct patient involvement in treatment decisions increases motivation, empowerment, adherence, and satisfaction.

Patients should receive education and training specific and appropriate to the care, treatment, and services provided. Patient education content should be personalized to each patient depending on cultural differences and specific needs.¹ Patient education should also be available in appropriate reading levels and be customizable to individuals. Successful patient education is the result of comprehensive, proven solutions that are thoughtfully set up by health care providers and integrated into the patient health care delivery system. Additionally, an efficient patient education program can yield better quality of care in fiscally responsible health care settings.

The Significance of Patient Education in Physical and Occupational Rehabilitation

In the 21st century, patient education has become an important focus of health care provisions. Teaching and learning are essential concepts to be included in the patient's interventions. From the beginnings of organized rehabilitation services, rehabilitation providers

have been using patient education practices to help individuals become actively involved in the goals, outcomes, and selection of interventions. Physical and occupational therapists and assistants, as providers of rehabilitative care, have also been involved in teaching patients. The role of the therapist in patient education has been enlarged to incorporate a variety of learning styles, theories, and educational strategies for patients and clients. Patient and family education is not just telling patients “what to do,” but involves a more complex mechanism. This includes adequate selection of teaching and learning strategies to be able to make an impact on patients’ outcomes in the clinic and in the continuum of care at home.

The role of physical and occupational therapists and assistants as educators is now becoming more central to their scope of practice than ever before. Therapists have a key role in patient teaching and learning. The focus of contemporary patient education is to help individuals and their families become informed participants to manage their own illnesses and to facilitate their adaptive responses to illness.² Additionally, while considering socioeconomic and cultural factors, rehabilitation providers must be able to teach individuals activities and techniques to perform in the clinical setting and at home, and also to facilitate health promotion and prevention measures.

Rapid discharge from acute care facilities is increasingly forcing patients to be more independent in managing their own health. Appropriate teaching and learning methods can increase patients’ adherence with therapeutic rehabilitation programs and their independence in the community. Today, entering the second decade of the 21st century, clinical patient education and health education have been greatly enhanced in physical and occupational rehabilitation. Therapists use clinical teaching and learning regularly in their patients’ examination, evaluation, plan of care, and interventions. The goal of rehabilitation providers is to help their patients learn about the disorder (disease) affecting them and actively participate in the planning of interventions. The overall scope is to assist their patients’ return to participation in activities they need and want to achieve.

In regard to health education, many physical and occupational therapy practices have been increasingly focused on prevention and health promotion. Pre-diabetes and diabetes prevention is just one example of an area where the expanding teaching role of physical and occupational therapists is helping to positively change patients’ lifestyles. Obesity (as a risk factor in American health) represents another important education topic for prevention. Rehabilitation professionals use patient teaching to design safe, effective fitness and wellness programs. Strong skills in ergonomics, work conditioning, and work simulation allow physical therapists to collaborate with occupational therapists in coordinating injury prevention programs and functional capacity evaluations in occupational health. Consultation services provided by pediatric occupational therapists promote assessments in technology and wellness, and a greater involvement in mental health interventions for pediatric depression and autism.

Physical and occupational therapists and assistants have been refining their skills not only to teach rehabilitative tasks to their patients, but also to improve the health of the population as a whole. Through health education and advocacy on behalf of their commu-

nity, these rehabilitation professionals can support patients' individual needs as well as influence the policies and programs that affect the health of their communities. In the second decade of the 21st century, it is projected that the future of health care will go beyond eliminating health disparities to achieving health equity and also increasingly addressing environmental factors that contribute to individual and community health.

THE BENEFITS OF PATIENT EDUCATION IN PHYSICAL/OCCUPATIONAL REHABILITATION

Patient teaching concepts are an intrinsic part of interventions in the rehabilitation professions. For decades, physical and occupational therapists and assistants have been teachers of rehabilitative interventional programs and also health educators, promoting primary and secondary prevention. They have been helping their patients acquire a heightened awareness of risk behaviors and assisting and guiding them toward positive health behavioral changes. Today's health and patient education emphasize the patient's personal benefits of eliminating risk behaviors and exploring all viable options for a plan of behavior change. Physical therapists, as movement specialists, are able to identify risk factors that potentially can lead to physical impairments and functional limitations.

In physical and occupational therapy, the major purpose of patient teaching and learning is to increase the patient's competence to manage his or her own health requirements. The goals of patient education are to enhance the patient's self-dependence and the continuity of care in his or her own environment. For almost four decades, the physical therapy profession, as with other health care professions, has greatly increased its emphasis regarding patient education.² In the past, although patient instruction was considered an inherent part of physical therapy interventions, many therapists did not have sufficient training and experience to conduct appropriate patient instruction. Also, several decades ago, American health care did not emphasize the active role of the patient in the health care delivery system. Now attitudes have changed. Health care providers have the accountability and patients have the entitlement to appropriate education. Patient participation in treatment goal setting as a patient-centered care approach is recognized and valued by all rehabilitation professionals. Patient education is extended not only to the patient, but also to the patient's family and the community in which the patient lives. Patient education, educational theories, and various teaching and learning techniques have been an intrinsic part of physical and occupational therapy schools' curricula. The role of the physical and occupational therapist as a teacher is evident everywhere, including in rehabilitation research.²

In physical and occupational therapy, therapists' frequent clinical contacts with patients allow them to make a unique contribution to the patients' teaching and learning, helping them achieve planned intervention goals. In addition to patient education, therapists use health education to prepare wellness, prevention, and health promotion activities geared toward individuals and communities. Clinical patient education and health education are beneficial to all patients (**Table 1.1**).

Table
1.1

Major Benefits of Clinical Patient Education and Health Education

Patient education enables patients to assume better responsibility for their own health care, improving patients' ability to manage acute and chronic disorders.³

Patient education provides opportunities to choose healthier lifestyles and practice preventive medicine.³

Patient education attracts patients to the provider and increases patients' satisfaction with their care, while at the same time decreasing the provider's risk of liability.

Patient education promotes patient-centered care and as a result, patients' active involvement in their plan of care.⁴

Patient education increases adherence to medication and treatment regimens, leading to a more efficient and cost-effective health care delivery system.

Patient education ensures continuity of care and reduces the complications related to illness and incidence of disorder/disease.

Patient education maximizes the individual's independence with home exercise programs and activities that promote independence in activities of daily living as well as continuity of care.