

ENHANCING YOUR PATIENT EDUCATION SESSIONS – PART 1

Today on lungFIT, I'd like to talk about patient education in pulmonary rehabilitation. Actually, I'm going to talk about patient education in the next few episodes. We don't talk about patient education much in the pulmonary rehab world – the emphasis is typically more on exercise, outcomes, or modes of delivery.

But education is important. And if education is done right, it can have many good things about it.

- First, the education sessions often provide the most detailed information that the patient has ever received about their lung condition. Or maybe they have received it, but that moment they weren't able to take it all in, and now in pulmonary rehab it's a better time. I can recall many pulmonary rehab patients being so grateful after each session because they hadn't known about the details of their condition, such as pathophysiology, or risk factors beyond smoking, or ways to prevent an exacerbation.
- Second, group education sessions provide an opportunity for patients to socialize in an environment that might be less intimidating, and more conducive to conversation, than the exercise gym.
- Third, the patient education sessions give patients the opportunity to hear suggestions and ideas from others, such as, how to handle aspects of their situation and day-to-day challenges they might be dealing with.
- Fourth, it gives patients the time to ask questions without feeling rushed.
- And finally, the patient education sessions are often open to friends and family as well. Attending these sessions with patients can give loved ones an insight into what it is like living with a lung condition.

But, as I said, despite all these good things, we don't think as much about education – the benefits, how to best deliver it, and what patients want to learn. I think part of the problem is that we don't have good ways to measure the benefit of patient education in pulmonary rehab, and so sometimes we don't think it's a high priority. But despite this, patient education is a recommended component of pulmonary rehab, and we should spend some time reflecting on how patient education is delivered.

As an Associate Professor in the Department of Physical Therapy at the University of British Columbia, and as an associate professor, I do have courses I teach. And one style of teaching that I use and is often seen in universities everywhere is the lecture. Lecturing is a common form of teaching in pulmonary rehab too – the health care professional stands at the front of the room, and provides information related to the topic of the day. And this form of teaching can be very efficient, especially when you have a group of people, and limited time. But it can be pretty boring too – and a 'boring' lecture may not provide the kind of environment that is needed for learning - such as an environment that enables discussion, sharing between learners, and opportunities to ask questions and gain a deep understanding of the information. Because of this, 'lectures' can get a bad reputation in higher education – that they didn't provide the opportunity for real learning, that they were a lazy way of providing information. But, I disagree, and I think there are ways we can make sure pulmonary rehab education sessions, typically delivered as lectures, are good for patients.

So what can we do to make sure our patient education sessions, which are often lectures delivered to a group of people – how can we make those good learning environments? In this episode, I'm going to introduce some strategies for you, from a book I bought to support my own teaching. This book is called "Dynamic Lecturing" and it's written by Christine Harrington, and Todd Zakrajsek.

Now, I realize that this book was written with the college or higher education student in mind. But I think that there are several interesting ideas discussed in this book that we could bring to pulmonary rehabilitation teaching sessions. In this episode, I'm going to cover the first three strategies. And in the next episode, I'll cover the final 4 strategies.

The first is: **Activating Prior Knowledge**. There is a large body of research that confirms that we learn more effectively about a topic if we learn about it in context with knowledge we already hold. Learning is really incremental, we are constantly building on our knowledge base. When we first learn about a topic, that information goes into our short-term memory. But if we can then link it with knowledge we already hold, then the new information is more likely to be transmitted to our long term memory banks and we'll retain it. So, in the pulmonary rehab context, how can we activate prior knowledge about a new topic, such as pulmonary anatomy and physiology? Well, if it truly is the first time your patients have learned about a topic, they may not have a lot of prior knowledge to draw on. In that situation, the key is reinforcing the new knowledge in future sessions. So if you talk about anatomy and physiology on Day 1, find a way to bring that information into another session (such as, medication use), and see if they can draw on their new knowledge. This could be done as a group, or you could have your class pair up and see if they recall what they learned in previous sessions.

If it is a topic that they have likely heard about before, such as nutrition, then there may already be a lot of knowledge in the room. You may ask your patients what they already know about a given topic, or a related one, prior to starting with the lecture. Then, as you deliver the lecture material, you can reinforce the knowledge that's in the group, and also clear up any misconceptions about the topic, or how the information may be different in the context of pulmonary conditions.

So spend some time looking at the material you will be teaching, and see how you can activate prior knowledge -- whether that is information you provided in an earlier session, or knowledge your patients already held about a topic.

The second strategy is: **Capturing Attention and Emphasizing Important Points**. This may seem rather obvious – I mean, you can't even have something in your short-term memory if you haven't captured a person's attention to begin with. Again when thinking about the typical classroom, we can picture the image of the quintessential bored student, slumped in their desk, fiddling with their pen, falling asleep. Hopefully your patients won't look like that in your classroom! But there can be many things interfering with attention when someone has a chronic disease. They may be physically uncomfortable – due to pain, shortness of breath, or fatigue. They may be emotionally uncomfortable – they may find it stressful to be in a group setting, or learning about the details of their condition. They may have cognitive challenges. They may have lower levels of hearing and reading literacy than what is needed. They may have stress about many other things outside the classroom. They may notice side conversations around them. The room environment may be uncomfortable. All of these things compete for their attention.

So in the patient education setting, you are hoping to capture enough of your patient's attention, as they cope with those other distractions. You want to provide the key points, and then emphasize those

points. So what are some ways you can do this? Well, first, pay attention to the tone of your voice. We all know how hard it is to listen to a monotone voice drone on. Our enthusiasm and positive tone in our voice— that goes a long way to making an education session more engaging, even if the topic matter is challenging.

Second, try to break up the session. It can be difficult to sit for a 45 minute session non-stop. Are there opportunities for a break – even if just a break in you talking, and instead having a short discussion? Or a real stand-up break, part-way through? Using the rule-of-thumb of 15-20 minutes – meaning that your lecture sections are no more than 15-20 minutes before you switch to a different activity or take a short break, that’s a good idea.

There are some other strategies that are related to the classroom setting itself. You may wish to lay some ‘ground’ rules regarding side conversations, or interruptions when someone is speaking, if they interfere with learning. You may need to pay special attention to the room environment, making sure its not stuffy, too hot or cold, or with uncomfortable seating.

And of course, you may need personal check-ins with individual patients, and discuss your individual patient’s readiness to learn – including physical, mental, cognitive, and literacy issues.

You also need to be clear about the main points, those take-home messages in each session. Sometimes patient education books and lectures can be full of information. We feel, as health care professionals, that we need to pack EVERY SINGLE THING A PATIENT WILL NEED TO KNOW, into those materials. But this can be overwhelming. It’s important for us to emphasize the important things the patient needs to know NOW. You can tell them extra details for sure, but remember to emphasize the 2 or 3 key things they need to take away from a given lecture. That’s really important.

The third strategy is: **Effectively Using Multimedia and Technology**. Now, I want you to expand your creativity when you think about multimedia and technology. It doesn’t need a slick projection system or that all your patients have to have personal tablets! But it does mean using different resources to convey the information. Now, most rehab education is delivered through lectures, supported by projected slides, and written material. And that’s fine. But you can add to those materials in other creative ways. For example, perhaps you’ve seen the example of showing people what it is like to breathe when you have obstructive airways disease, by having people breathe through a straw. This is a great tool when you have friends or family in the class, and you want to give them an idea of what these symptoms are like for their loved ones. I’ve seen some interesting examples of using balloons, one overstretched and baggy, to depict emphysema, or covered in hardened glue, to depict restrictive lung disease. I’ve seen interesting animated videos, often created by pharmaceutical companies, that ‘travel’ down the lungs to show what normal and unhealthy lungs look like. And if you use slides, you can make sure there is colour, graphics, and pictures to show the information. And have some consistency in those graphics. If there is key point you want your patients to remember, use a graphic that illustrates that, and use that in all your slides.

If you can afford fancy teaching resources, such as anatomical models or glossy patient education resources, go for it. But its not necessary.

The key is: less is more. Don’t show slides, or have written handouts, that are really text heavy. And if there is something you want patients to read on the slides – don’t talk about unrelated material at the

same time that they're trying to read. You want your multimedia and technology to support the teaching, not compete for attention.

So, like a good educator, I'll summarize this session! Pulmonary rehab is an important component of your programs, and it's worth some extra attention. Patients may have a lot of barriers to learning, so there are strategies that you can use in your teaching to help minimize the impact of those barriers. Today I talked about **Activating prior knowledge**, whether that is prior knowledge from their life, or knowledge that came to them as part of an education session that you want to reinforce. This helps to have the information go into long term memory. I talked about **Capturing attention and emphasizing important points** (which is what I'm doing right now!) but for your patients that means being aware of the distractions to their learning, and doing what you can to highlight and reinforce the important take-home messages. And the third strategy was **Effectively using multimedia and technology** in creative ways to enhance learning.

I hope you found this episode interesting. Why not look at your own rehabilitation education sessions and see if they need refreshing – is there anything you heard today that you can apply to your program? And stay tuned for the next episode, where I will cover a few more strategies for use in your pulmonary rehabilitation education sessions. Until then, be well everyone.