

Arthritics Education

Procedure of Integrating Patient Education in the Department of Rheumatology, Govt. General Hospital, Madras

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PATIENT teaching is the process of helping a person to learn those things that will enable him to live a longer and/or fuller life and helping him to reach his optimum level of physical and mental health.

Many health care professionals recognize patients' need for health education but for a variety of reasons are not adequately providing facilities for these needs. One reason may be that relatively few instructional resources are available to assist in this effort. There are many books and articles that explain the importance of patient education but few that explain the "How Tos" in a realistic and usable manner.

We know that the provision of health education requires trained personnel knowledgeable in both the health topic and the teaching-learning process. The effective patient education requires the resources of time and materials to support the educational endeavour.

Many health care workers may be threatened by this type of responsibilities feeling inadequate or unqualified to teach. Many, while recognizing the need may not have time to teach and as a result feel frustrated. Some may lack appropriate teaching materials and a sophisticated system to support their educational efforts.

With increasing recognition of patients' educational needs, hospitals and other health care organizations are developing various approaches to the design and implementation of patient education programmes. In some settings patient education committees have been appointed to develop and to operate patient education programmes. Other institutions have developed a decentralized model in which each functional area or unit develops its own programmes in conjunction with a hospital education department. This department assumes responsibility for consultation, staff education. A new breed of health care workers for the patient education and co-ordination is also being developed to promote and to assist in patient education.

The role of health educator is defined in various ways such as responsibility for the planning, coordinating and providing patient education. Creation of this kind of role appears the way of implementing formal programmes of patient education in hospital. The Coordinator provides resource for knowledge and teaching materials and supports staff members in teaching programmes.

Each organisation must define its own approach to patient education, first by developing objectives and content and then by deciding how and by whom these objectives will be accomplished. It is not possible to say which health care discipline is responsible for patient teaching. Today Nurses are providing more health education than any other group. This is because of the large number of nurses, their general knowledge in health and illness, and their direct contact with the patient. Nurses have willingly accepted the responsibility for planning and coordinating many phases of patient care excluding diagnosis and prescription of medical care and in general act as patients advocates. But all the Health Care personnel are responsible for patient education as and when they have contact with the patient.

Generating patient education programme in the Department of Rheumatology, Madras Medical College and Govt. General Hospital, Madras

Continued home care and health maintenance programme are especially important in the field of Rheumatology. Non-existent or improper care at home can result in continuation, recurrence or initiation of health problems, repeated visits to health care facilities, and increased expenditure of time and money. At worst the disruption of necessary care can result in a shortened life expectancy or in a reduced quality of life.

Why patient education is essential for patients with Rheumatic Diseases?

Out of all therapies for Rheumatic Diseases, the most essential basic therapy is education of patient and his family about the disease, what it is, what to expect from the disease and what treatment involves, his role in the hospital for patients' betterment.

Rheumatic diseases being chronic in nature are not just disease of the individual. It can have effect on families, employees, employers, or others close to

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the patient or society and friends and colleagues. By patient education we can gain cooperation of these people who help the patient gain a perspective on the problems and share the burden of the disease.

It is described that Myocardial infarction is number one killing disease whereas Rheumatoid Arthritis is the number one crippling disease. Killing can be taken somehow better than crippling as the patient with former disease will never be a burden for himself, his family as well as the family will gradually start to adjust the society in the absence of the dead person. In contrast the crippling poses maximum problems for himself, family and thereby to the society. He becomes a dependent even for his activities of daily living. The cost of long term treatment will suck the family income. If it is a lady still more difficult to look after her children and household work. Patient and his family need guidance and counselling to lead a normal life within his residual capacities. All persons who visit the hospital as outpatients can not be admitted into the hospital. So they should be properly informed the nature of his illness, the treatment schedule, the do's and don'ts depending upon his nature of illness for better home management.

Patient education also requires a frank discussion of all aspects of his therapy. This should include the rationale for using a particular regimen, possible adverse reaction of medication and drug interactions and the importance of following recommended dosage schedules. This type of discussion will lead to safer, more effective therapy and improved compliance. For example, a patient who understands why high doses of aspirin are needed to reduce destructive inflammation will be less likely to decrease his aspirin dosage without consulting his health care giver. Similarly a patient taking slow acting drugs who is told, he may not feel benefits for several months will be less likely to discontinue therapy after a week or two. Thus patient education leads to improved compliance.

Family members need to be part of education process and their response will have a tremendous impact on the patient. A husband who understands that his wife is not using a few "aches and pains" as an excuse, for not making breakfast is more likely to offer emotional support to help her cope with severe morning stiffness and pain. Children who understand their mother's illness know that she had not stopped loving them even though she no longer plays with them, the way she used to. They are more likely to be tolerant when she snaps at them and loses her patients more easily than before. Moreover informed family members are usually more willing to help around the house.

Patient education is very important to build a good rapport between health care givers and patient. This rapport is especially very important when a chronic disease such as Rheumatoid Arthritis is involved. The greater the rapport, the better the health care team can help the patient to cope with depression, anxiety and frustration which patients with Rheumatic disease often experience. A patient

who is depressed because of exacerbations or slow response may despair and discontinue therapy altogether. By patient education the health care team may be in a position to provide needed psychological counselling. Patient education helps for joint protection and teaches how to perform daily activities and minimise stress on affected joints. Generally it is used to teach the patients to use larger joints rather than smaller ones.

Hence, the patient education programme was started in the Department of Rheumatology in 1981. For a patient education programme to be successful it must be recognized and supported by the leaders of health care system. Nurse is probably the Primary Health Teacher in most set ups: it is appropriate nursing leadership personnel, nursing administrators, nursing educators and nurses who assume highly visible leadership role in promoting efforts of this type of programme.

The role of the Medical leader and other team members in developing patient education is primarily one of the support and to give guidance. The team members headed by Medical leaders formulate the scope of the programme, arrive at aims and objectives, determine the resources available and the factors concerning the programmes structure and process in relation to entire department, select staff members and monitor outcomes for the pre-determined objective.

In the Department of Rheumatology, Madras Medical College, Madras, the entire Patient Education Programme which includes framing of aims and objectives, deciding the content of education, method of implementation, selecting men, media, and materials and ways and means of evaluation of programme were done by all team members in which the Professor of Rheumatology is the Head and Assistant Professors, Nursing Tutors, Nurses, Physiotherapist, Social Worker, Immunologist, Biochemist, Technicians, Photographer, Stenotypist and Record Clerk are the team members. Patients and their relatives are also considered as most important team members.

Aims and Objectives

1. To help the patient to understand the important functions of the hospital and various facilities available.
2. To enable him to give fullest cooperation for doing medical, nursing, and other procedures for his/her betterment.
3. To give him knowledge about importance of good sanitation, good personnel hygiene and proper use of available physical facilities.
4. To enable him to adjust him to new surroundings and to move with other patients freely.
5. To help him to gain knowledge about warning signs of arthritis, preventive aspects of Rheumatic diseases and methods of preventing complication as far as possible.
6. To help him to have some basic understanding about the nature of his illness, its chronicity, actio-

logy, pathology investigation, treatment and exercise procedures, diet and drug therapies, do's and don'ts in his condition.

6. a. To help him to understand the proper body posture and hazards of improper body alignment.

7. To enable him to accept his disease, to undergo long term treatment and to cope with illness.

8. To help him to understand the importance of self help in his activities of daily life and use of self help devices.

9. To aid the patient to know the hazards of self medication and treatment by quacks.

10. To help him to accept his disability and to live with his residual capabilities and to know the use of devices such as braces, crutches, walkers, walking sticks, whenever necessary and to care for the same devices.

11. To enable him to gain concept for long term treatment, follow up facilities and home management.

12. To help him to understand value of sex counselling for happy life inspite of his disease condition.

13. To assist the patient to acquaint with facilities for getting opinion from other consultants such as Orthopaedic Surgeons, Physiatrist, Psychiatrist, Cardiologist, Cardiothoratic Specialist, Ophthalmologist, Gynaecologist and Obstetrician.

Teaching of Patient's Relatives

(a) To help the relatives to know about hospital resources, facilities, routines and timings of the hospital.

(b) To help them to understand the nature of the disease with which his/her relative or friend suffers, chronicity and complication in order to cooperate with patient in his ailment and disability.

(c) To help them to have knowledge about the mental depression that will arise during the disease process in order to help the patient to overcome his mental strain.

(d) To enable them to gain knowledge about the good sanitation, good personal hygiene, clear environment, need for regular treatment, need of self help for activities of daily life and regular follow up.

Opportunities for Patient Education for In-Patients and Out-patients

Out-Patient

1. During registration; 2. While waiting in waiting room; 3. During examination; 4. During drawing blood for investigation; 5. While issuing drug; 6. At the time of sending patients for special tests and other departments; 7. At the time of exercise programme; 8. Scheduled patient teaching programme; 9. During home visit.

In-Patients

1. At the time of receiving the patients; 2. During nursing procedures; 3. At the time of preparing

patient for special test; 4. During medical officers rounds; 5. Visiting hours; 6. At the time of regular exercise programmes; 7. Scheduled patient teaching programmes; 8. At the time of discharge.

Categories of Staff Members who are Taking Part in Patient Teaching Programme

1. Nurse; 2. Nursing Tutor (Nurse Educator); 3 Medical Officer; 4. Physiotherapist; 5. Technicians; 6. Social Workers; 7. Record Clerk; 8. Hospital Workers including F.N.A., M.N.A, Luscar and MSW and FSW.

Contents of Education

I. Introduction of New Environment

— Situation of ward and Out-Patient department and available physical facilities.

— Need and procedure of maintaing clean environment and good personal hygiene.

— Introduction of hospital routines such as uniform, timing of Medical Officers rounds, available standard diets, timing for distribution of drug and diet, visiting hours, etc.

— Communication facilities such as location and working hour of Post office, Telephone facilities, information facilities in case of emergencies.

— Recreation facilities such as situation and timing of hospital library, availability of newspapers and journals and availability of playing materials, timing for the same.

—Facilities to meet the religious need of the patient such as situation and timing of the temple, church and mosque.

II. Regarding Investigation :

—Need and facilities available for ECG, Xray, Blood, Urine, Stool, Throat swap and Synovial fluid, analysis and procedure for each investigation.

III. Regarding Drugs :

—Dosage; timing for consuming drugs, relation with diet, action and reaction of drugs, regularity in consuming drugs, harmful effect of self medication and medication by quacks.

IV. Regarding Diet :

—Diets that are included or excluded depending upon nature of the disease,

—Need for consuming regular well balanced diet, —Method of maintaining I & O chart if it is necessary.

V. Nature of the Diseases :

—Warning signs of arthritis and preventive aspects in Rheumatic Diseases,

—Disease conditions that are included as Rheumatic disorders.

—Cause, Pathology, duration, chronicity, complications of diseases in simple language.

—Do's and Don'ts in each conditions.

VI. General Instructions to Cope with Illness :

—Need and method of maintaining good body alignment, selection of cot and bedding, turning schedule, rest schedule, recreational activities, uses and value of self-help devices like braces and aids and their care.

VII. Regarding Special Procedure :

—Need and procedure for splint application, synovial fluid aspiration, Intra Articular Cortisone injection, Arthroscopy and synovial biopsy and other biopsies such as gland muscle, nodule skin etc. and need for patients cooperation.

VIII. Exercise Programmes :

—Place of exercise in Rheumatic diseases, facilities and procedure for wax bath, S.W.D.,* I.R. Rays,** Passive active and assistive exercises, value of self help for activities of daily life, use and care of self help devices and improvised aids.

IX. Regarding Referrals to Other Consultants :

—Situation and timing of other departments such as S.T.D.*** Psychiatric, Skin, ENT, Dental,

* S.W.D. : Short Wave Diathermy.

** I.R. Rays : Infra Red Rays.

*** S.T.D. : Sexually Transmitted Diseases.

Orthopaedics, Neurology, Cardiology, Cardiothoratic and possible tests that will be done in respective departments.

X. Discharge Advices :

- Need for long term treatment,
- Facilities for follow up for continuity of care,
- Observing specific precautions in body posture, diet, exercise and during specific drug therapy,
- Home management with residual disability,
- Use and care of braces, crutches, canes and self help devices.

Methods of Teaching :

- 1. Group Teaching.
- 2. Individual Teaching.

Media for Teaching :

- 1. Black Board and chalk.
- 2. Pamphlets.
- 3. Booklets.
- 4. Charts.

Participants :

Patients and their relatives and friends.

Operational Plan for Patient and Family Teaching for Inpatients and Outpatients

Category of Staff	Inpatient or Outpatient	Educational Opportunity	Subject Content	Activities to be Carried out	Method of Approach	Media	Remarks
Nurse	Inpatients	1. During admission 2. While giving nursing care during his stay in the hospital. 3. Before doing any special procedure. 4. Before referring to any other departments. 5. During visiting hours.	1. Introduction of new environment 2. Regarding investigation drug diet, Nursing procedures, and referrals.	1. Enquiring the patient with sympathy. 2. Explaining the available physical facilities and hospital routines. 3. Providing all the available suitable comforts. 4. Explaining the facilities available for communications, recreation, investigation and recreation. 5. Explaining the nature of each nursing procedures and special procedures. 6. Giving simple explanations regarding dosage route of administration, action and reaction of drugs.	Individual or group.	Oral message, Booklets, Pamphlets	Can be repeated whenever necessary

Category of Staff	Inpatient or Out patient	Educational Opportunity	Subject Content	Activities to be carried out	Method of Approach	Media	Remarks
Nurse	O.P.	During issuing drugs.	1. Regarding drugs, diet 2. Need for long term treatment.	7. Explanation regarding diet depending upon nature of illness. 8. Giving simple explanations to the relative regarding the needs and ways to adjust the patient in his ailment. 1. Simple explanation regarding time schedule, dose, route of administration action, reaction of drugs. Special precautions to be observed while on specific drugs Need and facilities available for special investigation. The records that patient should bring, date and time of next visit. Allowing the patient to say the dosage, timing of drugs.	Individual	Oral message	Can be repeated whenever necessary.
Nurse Educator	OP & IP	During scheduled patient teaching sessions. During Ward rounds. Before each special procedure.	1. Nature of individual patient's illness. 2. Psychological preparations for long term treatment either as inpatient or outpatient. 3. Need and procedure for each investigation. 4. Bed positioning and body alignment 5. Complication of individual diseases and possible preventive aspects. 6. Procedure for preparation, use and care of resting splints. 7. Need and procedure for special investigations viz. Synovial	1. Simple explanations regarding nature of individual patients illness. Providing Booklets for literate patients. 2. Helping the patient to accept his diseases as chronic one and to undergo long term treatment by simple explanations. 3. Explaining each investigation procedures in order to alleviate his fear and to gain maximum cooperation. 4. Demonstration of bed posture in all positions and transfer techniques. 5. Explaining hazards of bad body alignment. 6. Simple explanations regarding need and procedure for preparing resting splints. 7. Showing other patients with splints, and allowing patient to converse with them. 8. Helping the patient to have knowledge to prevent pressure sores and splint sores and care of the splint. 9. Simple explanations regarding individual speci-	Group and individual	Oral message, charts, pamphlets booklets and black-board and chalks.	Can be repeated as and when needed.

Category of Staff	Inpatient or Out-patient	Educational Opportunity	Subject Content	Activities to be carried out	Method of Approach	Media	Remarks
			fluid aspirations, I.A, Cartison, Arthroscopy, Marrow biopsy and skin biopsy	al procedures to alleviate fear and to get maximum cooperation. 10. Allowing patient to have conversation with other patients who had some-kind of special procedures. 11. Simple demonstration to show the value of self help for muscular and joint movement and simple explanation to help the patient to understand need for self help and the use of simple self help devices.			
			8. Warning signs of arthritis. 9. Need and methods of preserving residual joint function and final movements. 10. Care of self help devices and walking aids. 11. Need and facility for follow up care. 12. Psychological preservation of patient's relatives and friends.	12. Simple explanation regarding special precautions to be observed in diet, in certain conditions. 13. Need and method of maintaining intake and output chart and weight chart, by simple explanations as when needed. 14. Explaining the relatives regarding nature of patients illness, expected psychological trauma due to disease, need for their help, to cope up patients disability, simple modification at home to suit the patients. 15. Encouraging the patients to the final movements to maintain residual capacity and to do self help for A.D.L. 16. Listening to patients doubts and giving clear explanation when ever necessary.			
Medical Officer	O.P. & I.P.	During Clinical Examinations During Ward rounds.	1. Need and importance of regular treatment. 2. Preventive measures to avoid complications. 3. Nature of individual disease and need for long term treatment.	1. Explaining the nature of illness in simple terms and helping the patients to get mental preparedness to undergo long term treatment 2. Encouraging patient to follow the instructions given to him regularly.	Individual	Oral message.	Can be repeated as and necessary.
Physio-Therapist	O.P. & I.P.	During exercise programmes	1. Value of exercises in the treatment of Rheumatic conditions.	1. Conducting group and individual exercise programme. 2. Demonstrating the exer-	Individual & Group	Oral message.	Can be repeated as and when

Category of Staff	Inpatient or Out-patient	Educational Opportunity	Subject content	Activities to be carried out	Method of Approach	Media	Remarks
Physio- Thera- pist			<ol style="list-style-type: none"> 2. Various kinds of exercise procedures and accessories. 3. Value and facilities for heat applications and other physical facilities. 4. Need and procedure for preparing resting splints, plaster cast and application for serial wedge correction. 5. Need for using calipers, crutches, braces and care of the same. 6. Need for patients and relatives co-operation. 	<p>cises that the patient should repeat in the hospital and at home.</p> <ol style="list-style-type: none"> 3. Explaining the preparation and procedure for application of resting splints, plaster cast, skin traction and wedge correction. 4. Explaining the hazards of under exercise and over exercises according to patients disease activity. 5. Supervising the patients when they are repeating the exercises, 6. Explaining the need and procedure for Wax bath, Infra Red Rays, Shortwave Diathermy. 7. Demonstrating the procedure for static quadriceps exercises, body alignment in good posture, wearing calipers, braces and special chappals. 			neces- sary
Social Worker	O.P. & I.P.	During registration. During house visits and ward rounds and at the time of referrals.	<ol style="list-style-type: none"> 1. Physical facilities of the outpatients and the inpatients. 2. Procedures for registration and particulars needed 3. Hospital referral system, within and outside the hospital. 4. Facilities for follow-up. 	<ol style="list-style-type: none"> 1. Enquiring the needed information politely from the patient for registration. 2. Distributing the necessary forms and requisitions for investigations and drug and explain the patient in simple language about their investigations and getting drugs. 3. Doing home visits for continuity of home care. 4. Contact the Community agencies for vocational help whenever needed. 5. Guiding the patients and relatives to make necessary changes in physical facilities at home suitably. 	Individual	Oral message. Charts	Can be repeated as and when necessary.
Technician	I.P. & O.P.	During drawing blood for investigations.	<ol style="list-style-type: none"> 1. Importance of investigation in diagnosing the disease. 2. Procedure for taking blood. 	<ol style="list-style-type: none"> 1. Explaining the selection of site and procedure for drawing blood. 2. Need for patients' cooperation for drawing blood. 	Individual	Oral message.	

Category of Staff	Inpatient or Out-patient	Educational Opportunity	Subject Content	Activities to be carried out	Method of Approach	Media	Remarks
Record Clerk	O.P.	During registration, issuing drug card and other requisitions.	1. Regarding working pattern of out-patient and facilities available for investigation and getting drugs.	1. Explaining to the patient and relatives to wait outside in "Queue" for their turn. 2. Explaining to the patients and their relatives to adhere to the rules and regulations of the hospital for better treatment procedures.	Individual & Group	Oral message Printed material.	Can be repeated as and when necessary.
Hospital Worker	I.P.	While cleaning the ward and assisting in nursing procedures.	1. Importance of clean environment. 2. Need to adhere to the hospital rules.	1. Explaining the patients and their relatives about the physical facilities and routine of the hospital.	Individual & Group	Oral message.	Can be repeated as and when necessary.

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International Meet in Australia

More than 200 delegates from 60 countries met in Adelaide, South Australia, from April 5-9 to discuss how to achieve health for all by the year 2000. They were attending the second International Conference on Health Promotion, which was co-hosted by the World Health Organization (WHO) and the Australian Department of Community Services and Health. The Australian Prime Minister, Mr. Bob Hawke, who officially opened the conference, said WHO deserved continuing support in its quest to solve the health pro-

blems which continued to afflict too many people. The first International Conference on Health Promotion was held in Ottawa in 1986. In the photograph: Mr. Hawke delivers the opening address.

Donation List for April-May 1988

Nurses' Welfare Fund: Miss S.V. Damle, Thane Rs. 60/-, Miss Mohinder Dhaliwal, Bhatinda, Rs. 25/-. Mrs. I. Kharbuli, Shillong, Rs. 25/-, SNA Unit, Rapsbun School of Nursing, Shillong, Rs. 100/-. **General Fund:** Miss S.V. Damle, Thane, Rs. 20/-,

Additional Fund for NJI: Mrs. Shobhawati Daniel, Samastipur, Rs. 100/-, Mrs. Sulekha Sarkar, Singhbhum, Rs. 50/-, Mrs. I. Kharbuli, Shillong, Rs. 50/-, Miss G. Suseela Devi, Gudivada, Rs. 200/-, Mrs. Radha Mridha, Koraput, Rs. 50/-, Miss W. Wilson, Kotah, Rs. 50/-, Mrs. L.J. Lopez, Delhi, Rs. 100/-, Mrs. Mohini P. Lal, Kanpur, Rs. 100/-, Mrs. B. Savithamma, Shimoga, Rs. 100/-, Miss Amina Maidru, S. Andaman, Rs. 51/-, Sisters of Fatima Hospital, Lucknow, Rs. 300/-, Brig. K.J. Kaur, Beas, Rs. 250/-, Miss M. Jayalakshmi, Pondicherry, Rs. 100/-, Miss M. Marandi, Rs. 100/-, **Disaster Flood Relief Fund:** Mrs. I. Kharbuli, Shillong, Rs. 25/-.