



IN THIS ISSUE



Who are HCEA Members?

12 Tips On Working Effectively With An Interpreter



What is PIPE?

PATEDNET helps you make the most of HCEA



Selling Patient Education!

Cultivate Your Learning Environment Based Upon Conference "Pearls"

Dear Colleagues,

I am honored to have this opportunity to serve each of you and the organization in 2006 as the president of HCEA. During my term as leader of this organization, I will be focusing on relationships. I believe that our relationships are vital to our existence as people, as employees, as organizations and as a part of the world. Nothing we do occurs in isolation—all mankind is linked by shared experience.

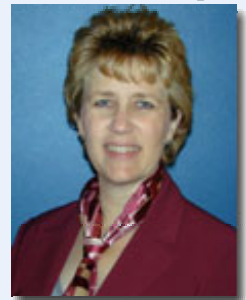
I begin this year, looking back to my first days as a Health Care Educator. I had transitioned from a staff nurse role into a newly created position—boldly going where no one in my organization had gone before. In other words, I had no one to guide me and I was rather on my own. My manager said, "Build relationships with others in your field and they will be able to help you along the way." The first person I spoke with changed the course of my career and led me to eventually become the president of this prestigious organization.

When I queried my colleague on what associations I needed to get involved in from a professional standpoint, she said without hesitation, "There is only one, HCEA." This led me to attend my first Health Care Education Association Conference where I began to form relationships that would prove beneficial to me time and time again at work. I was amazed at the friendly, smiling people who actually seemed to enjoy what they were doing! Even more amazing was that they wanted to share what they were doing and help me do a better job!

"Call me if you run into any problems." "I can send you that form...I already have it on my computer." "I know someone who has handled that situation. Let me introduce you." These were the comments I heard repeatedly. It is my belief that HCEA is founded on relationships.

We connect in a formal way at our annual conference and much more frequently on an informal basis via the listservs. Relationships are formed and we are connected to one another. We make our needs known and our colleagues lend a helping hand. I challenge you to ensure you are making the most of these relationships. Are you struggling in a project or an aspect of your job? Think about who you can connect with. There are countless years of experience waiting to be tapped into. Do you have something to share? Send it in to be placed in our Members Only Section! Who do you know that you could invite to become a member of HCEA or to attend the conference?

I am personally committed to remain in relationship with each of you. If you have ideas, questions, concerns about the organization or just need direction on who might be a resource for you, please contact me by email at kac1293@bjc.org.



Sincerely,

Kim Crosby MSN, RN

Kimberly Crosby, MSN, RN
President, HCEA

Who are HCEA Members?

Have you ever wondered about other health educators, where they work, how their job is structured or what their passions are? This new column will allow us to share job descriptions, network with others and learn about programs or ideas that we may be able to use! We hope this column will help you to connect with other health care educators and make the most of your HCEA membership. Our first column is by Kathy Ordelt from Atlanta. Kathy is an HCEA board member and co-founder of PIPE which is a focus group within HCEA that allows those who specialize in pediatrics to share health education experiences and programs unique to peds.

Kathy Ordelt

Patient and Family Education Coordinator
 Children's Healthcare of Atlanta
 Atlanta, GA 30329
 kathy.ordelt@choa.org

I work at:

Children's Healthcare of Atlanta which is comprised of two separate hospital campuses and 16 Satellite locations made up of Primary Care, Immediate Care and Rehabilitation services. Children's currently has 430 beds and is building additions at both the Egleston and Scottish Rite campuses which will open in 2007. A third hospital campus, Hughes Spalding Children's Hospital, will be added this spring.

I'm in the Clinical Staff Development department, which is part of Learning Services, which is part of HR. The department consists of myself and another 16 hour/week RN who reports to me. Her responsibilities are with our teaching sheets (we have over 1100 on our intranet- half English, half Spanish). She is also responsible for sending/receiving the teaching sheets through Risk Management, translation, formatting and loading on the intranet and she also maintains our Patient and Family Education database.

I have one other 12 hour/week temporary RN reporting to me who is assisting with building Patient and Family Education outlines for Epic, our computerized documentation system.

My job focuses on four main areas:

- Coordinate the production and translation of patient and family education materials, including teaching sheets on Children's intranet, booklets, manuals and videos. It also includes the 3-year review process and supplying content for the video-on-demand system.
- Staff education regarding patient and family education topics, starting with new clinical orientation, the nurse resident program and various inservices and workshops offered throughout the year.
- Coordinate the production of patient and family education templates and outlines for computerized documentation.
- Regulatory compliance for patient and family education issues, including JCAHO.

I am proud of:

... the fact that 100% of all of our patient and family ed materials are written at a middle-school level and also translated into Spanish.

If I could change one thing:

I would like to be able to have the time and money to create more low literacy materials with lots of pictures and few words.

Share your job with other HCEA members. Just let us know who you are, where you work and the focus of your position and please share what you are most proud of as well as one thing you would change.

Email to:

Penny Overgaard, Editor: *Health Education Matters*
 Povergaard@phoenixchildrens.com



12 Tips On Working Effectively With An Interpreter

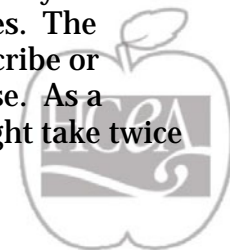
Reprinted from Language Line Services with permission

Language Line Services hires the very best interpreters available. And then we test, train and monitor them for the highest level of accuracy and professionalism.

With that said, though, language interpretation is a three-way conversation between yourself, your patient and the interpreter.

You and your colleagues can make every interpreter call a more effective and pleasant one for you and your patient just by learning these few simple tips:

1. **Brief the interpreter** – Identify the name of your organization to the interpreter, provide specific instructions of what needs to be done or obtained, and whether you need help with placing a call. The interpreter can assist you in getting the call off to a good start by introducing you and your facility, and then relaying your initial question.
2. **Speak directly to the patient** – You and the patient can communicate directly with each other as if the interpreter were not there. The interpreter will relay the information and then communicate the patient’s response directly back you. Also, speak naturally (not louder) and at your normal pace (not slower).
3. **Segments** – Speak in one sentence or two short ones at a time. Try to avoid breaking up a thought. Your interpreter is trying to understand the meaning of what you're saying, so express the whole thought if possible. Interpreters will ask you to slow down or repeat if necessary. You should pause to make sure you give the interpreter time to deliver your message.
4. **Clarifications** – If something is unclear, or if the interpreter is given a long statement, the interpreter may ask you for a complete or partial repetition of what was said, or clarify what was meant by the statement.
5. **Ask if the limited English proficient (LEP) person understands** – Please don’t automatically assume that the LEP patient understands you. In some cultures a person may say “yes” as you explain something, but it doesn’t necessarily mean they understand. It may just mean they want you to keep talking because they are trying to follow the conversation. Also, keep in mind that a lack of English does not necessarily equate to a lack of education.
6. **Do not ask for the interpreter’s opinion** – Avoid asking the interpreter for opinions or comments. The interpreter’s job is to convey the meaning of the source language and not allow personal opinion to tinge the interpretation (see the Language Line Services “Code of Ethics”).
7. **Everything you say will be interpreted** – Try to avoid private conversations with your colleagues. Whatever the interpreter hears will be interpreted.
8. **Avoid jargon or technical terms** – To help your patient and interpreter better understand you, don’t use industry jargon, slang, idioms, acronyms, or technical terms. Clarify vocabulary that is unique to the situation, and provide examples if needed to explain a term.
9. **Length of interpretation session** – Many concepts you express may have no equivalent in other languages. The interpreter may have to describe or paraphrase the terms you use. As a result, an interpretation might take twice



as long as a conversation carried on in English only. Please avoid interrupting the interpreter while he or she is interpreting.

10. **Reading scripts** – Though we may not notice it, we often talk more quickly when reading a script. When reading a script, prepared text, or a disclosure, please slow down to give the interpreter a chance to keep up with your pace.
11. **Culture** – Professional interpreters are familiar with the culture, and customs of the limited English proficient speaker. During the interpretation session, the interpreter might identify and point out a cultural issue of which you may not be aware of. Also, if the interpreter feels that a particular question is culturally inappropriate, he or she may ask you to rephrase it.
12. **Closing of the call** – The interpreter will wait for you to initiate the closing of the call. When appropriate, the interpreter will offer further assistance and will be the last to disconnect from the call.

© 2005 Language Line Services "In Other Words" Newsletter. For a free subscription, write to HealthLetter@LanguageLine.com.



SAINT JOSEPH'S
Caring for Atlanta **125 YEARS**

Cutting Edge Technology and Compassionate Care...

For over 125 years, Saint Joseph's of Atlanta has been committed to the care and well-being of the citizens of Atlanta, Georgia. Our dedication to patient care has earned us numerous accolades such as J.D. Power & Associates' recognition as a Distinguished Hospital for Customer Service Excellence, an accomplishment made possible by healthcare professionals like you.

Director, Diabetes Care

Use your 7+ years of strong experience in diabetes care to ensure the quality and propriety of care for the patients of our Specialty Center for Diabetes Care, primarily consisting of adult and geriatric individuals. As Director, you will provide clinical and administrative direction, managing fiscal and material resources as well as the Center staff. As such, you will be required to stay fully apprised of current diabetes standards of care and local/national changes in healthcare delivery.

The successful candidate will be a CDE with a current GA RN license and a Bachelor's degree in a related field (Master's preferred).

The challenges are here. So are the rewards. To learn more about this exciting opportunity and to apply online, please visit www.saintjosephscareers.org.

EOE






"In certain matters – looks, money, tennis – the fate of most people is to be average. But in your surgeon, your child's pediatrician, your police department and your local school? When the stakes are our lives and the lives of our children, we expect averageness to be resisted."

- Atul Gawande, MD



Cultivate Your Learning Environment Based Upon Conference “Pearls”

Pearl (pûrl)



- n.**
1. A smooth, lustrous, variously colored deposit, chiefly calcium carbonate, formed around a grain of sand or other foreign matter in the shells of certain mollusks and valued as a gem.
 2. Mother-of-pearl; nacre.
 3. **One that is highly regarded for its beauty or value.**
 4. Printing. A type size measuring approximately five points.
 5. A yellowish white.

(Source: <http://dictionary.reference.com>)

Have you ever attended a local or national conference that gave you so much valuable information you were almost overwhelmed? Do you come back from a conference with good intentions to introduce new concepts or ideas you learned but forget many of them once you get back into the swing of your day-to-day responsibilities? How do you keep track of all the things that you think might be a good thing for your healthcare facility when you are loaded down with conference handouts and vendor information?

Several members of the Cincinnati Children’s Hospital Medical Center (CCHMC) Educational Services Department have challenged themselves and each other while at conferences to make the most of the learning opportunity and to make a plan to take back and use what has been learned at the conference. We call our process “Pearls”. As the definition above states, a pearl is something highly regarded for its value. The goal throughout the conference is to identify at least three “pearls” (or valuable ideas) a day, things that strike a cord with us through either new concepts, or new ways to do things, or sometimes it has nothing to do with the conference at all! At the first conference two of us tried this and we came up with 28 ideas. At

the second conference, four of us came back with 65 ideas!

An example of a pearl that was conference related is our goal to provide childhood injury prevention information in all the CCHMC outpatient clinics. A pearl that came up while at a conference, but not conference related, is to review the top patient CCHMC diagnoses to make sure we have parent education for each topic (and if we don’t, coordinate efforts to develop them).

It’s very easy to jot down thoughts or ideas during the conference on the handouts provided. How do you then remember where all the “important” ideas were once you returned from the conference? Do you have the time, or better yet, do you take the time to page through all the handouts to refresh yourself with the new ideas learned? Sometimes our best-laid plans fall through unintentional cracks.

With our new pearls process, we document our thoughts and ideas in one small journal (our “pearl book”) that someone carries for the group traveling. Sometimes the ideas pop up during a conference session, at lunch with colleagues, while visiting vendors, or even when back in the hotel room reflecting on the day’s events. Once back at our hospital, we type the ideas into a formal document. The document is created in table format, with columns headings “Person Responsible” and “Date Completed”. We schedule multiple planning, strategy and follow-up meetings to collaborate on how we are going to implement or do something different based upon our pearls. Without a concerted effort, it’s easy to lose steam on forging ahead with new ideas.

The challenge to identify conference pearls has created a contagious energy in Educational Services to be open to new thoughts, ideas, and to write them down and commit to an action plan. My colleague Dawn Nebrig commented, “Give yourself permission to think outside the box!”



With the importance of education demonstrated in its presence threaded throughout our institution's New Strategic Plan, we believe educational opportunities must not be squandered. With the concern that finances may not always be available to attend conferences, we want to spread the word about our way to make the most of educational travel. Attend conferences with an increased sense of alertness to how you can take new information back to your institution to help improve the outcome for your patients. Write articles for the internal publications that reach your patient care providers. Hold Lunch and Learn sessions and attend educational committee meetings to share what you've learned.

We can all learn from each other. We think the pearls approach is a fun and energizing way to do it. We plan to purchase inexpensive pearl bracelets for our department staff to wear when they attend a conference, to remind them to be on the ready for their conference's pearls!

Carol C. Tierney, MSN, RN
Cincinnati Children's Hospital Medical Center
 Carol.Tierney@cchmc.org

Selling Patient Education!



In this time of budget, program and staff cutbacks, it's sometimes vital for us to be able to "sell" the importance of patient and family education to both staff and leaders. By linking patient and family education with system priorities and imperatives, we may be able to help accomplish our goals. Some ideas to consider are listed here:

Quality and Safety

The only way to provide quality, safe care is to equip our patients and families to be able to make informed decisions, be involved in their care and to care for themselves when they leave us. We can't follow them around 24/7 for the rest of their lives, so it's important that they

know what to do when they walk out of our doors.

Mission, vision, values and goals

There is bound to be a way to tie patient ed into your facility's basic mission and values. For instance, if one of your facility's main goals is quality care or education, what better way to highlight the importance of these goals than to educate the very people we're in business for - our patients and families?

JCAHO

Since JCAHO continues to have standards regarding patient ed in both the Provision of Care chapter and the Leadership chapter, it's clear that JCAHO sees it as part and parcel of quality patient care. The fact that there are standards in the Leadership chapter itself speaks to the importance of healthcare institutions paying attention to patient ed.

Customer service

Your facility probably does some sort of customer service questionnaire after discharge - you could include a few questions about patient education and use the answers to make improvements (Was the information you received about your care understandable? Did our physicians and nurses communicate in a way that you could understand? Did you feel prepared to care for yourself after discharge?, etc.)

The legal system views patient education as part of good patient care - when a patient is discharged without adequate education, legal problems can ensue.

To help ensure staff competency with patient education duties, this might mean including patient education in clinical job descriptions, clinical orientation (both centralized and departmental), annual clinical competencies, regular workshops and in-services, and as part of clinical staff annual evaluations.

It could also mean developing or expanding a Family Library or Resource Center,



multicultural or interpreter services department, wayfaring signs in other languages, or working with Marketing to ensure that brochures are written at an appropriate level.

Whatever way you choose to advocate for patient and family education in your facility, the words of C. Everett Koop, former Surgeon General of the United States still hold true, "There is no prescription more valuable than knowledge".

Kathy Ordelt

*Patient and Family Education Coordinator
Children's Healthcare of Atlanta
kathy.ordelt@choa.org*

**Calling All Family
Resource Educators**



Representatives from Family Resource Centers / Libraries attended last year's HCEA Conference in St. Louis. At the 2005 HCEA Conference, there was sufficient representation to warrant a Special Interest Group. This new FRC Special Interest Group would operate under the umbrella of HCEA.

We are asking those who work in an FRC and who are interested in joining this group to take a couple of minutes to complete FRC Survey located at the link below.

<http://freeonlinesurveys.com/rendersurvey.asp?id=140220>

You may see the survey posted on several listservs, however, you only need to respond once.

Please consider joining us for the HCEA Conference in Atlanta this year and the FRC Special Interest Group that will meet immediately afterwards.

Thank you,

Kimberly Crosby, RN

Director-Guest Services, St. Louis Children's Hospital, President, HCEA

If you would like to submit material for future editions of *Health Education Matters*, would like to make a comment or submit a suggestion, please contact the editor:



Penny Morgan Overgaard

Editor: Health Education Matters

Phone: 602-546-0910

FAX: 602-546-0320

E-mail: povergaard@phoenixchildrens.com



Save the Date!

September 20-22, 2006

Georgia Tech Hotel and Conference Center
Atlanta, Georgia

"THE CUTTING EDGE OF HEALTHCARE EDUCATION"

The HCEA is seeking abstracts for presentations and posters for the 2006 HCEA conference. If you would like to submit an abstract, please download the abstract form at:
<http://www.hcea-info.org/html/events.html>

Deadline for submission is March 1, 2006.

Questions about the 2006 HCEA Conference?

Contact *Amy Vega* at Amy.Vega@sr-ahcc.org or (910) 678-7209

or

Yvonne Brooks at YvonneB@baptisthealth.net or (786) 596-1333.



What is PIPE?

PIPE (*Partners in Pediatric Education*) is a group of pediatric patient and family education professionals who have come together for support, networking, and education. The group also includes Family Library/Family Resource Center staff. You can read more about PIPE on the HCEA website at www.hcea-info.org - click on the PIPE icon on the left sidebar.

PIPE Annual Meeting

The third annual PIPE meeting begins the day before the HCEA conference.

- Tuesday, September 19th - 4-hour dinner meeting from 4:00-8:00 p.m.
- Wednesday, September 20th – 8:00 – 10:00 a.m. - tour of Children’s Healthcare of Atlanta
- Wednesday, September 20th – 10:00 a.m. – 12:00 noon - a presentation by Fran London MS, RN. Fran is the Health Education Specialist at Phoenix Children's Hospital and author of "No Time to Teach".

New this year – a PIPE membership fee

The membership fee to join PIPE this year is \$35.00/year, in addition to HCEA dues. The fee covers the cost of our annual meeting, quarterly newsletter and membership directory.

For those not interested in joining PIPE, the cost of just attending the PIPE annual meeting is \$50.00, in addition to the regular HCEA conference registration fee.

PIPE Listserv (PIPELine)

You can join our PIPE listserv (no cost) by subscribing:

To subscribe to the list send a blank email to **join-pipeline@lyris.med.utah.edu**

To send a message to everyone on the list, address your e-mail to **pipeline@lyris.med.utah.edu**

PATedNET helps you make the most of HCEA

Are you looking for practical answers to health care education questions? Wondering what your colleagues are doing? Consider joining patednet and join the conversation with you peers. The following is from a recent thread that your colleagues have been discussing via patednet in response to a members question and CEU’s.

I was wondering about offering CE's for Nursing Competencies. Is that allowed?

> Our facility is an approved provider for CE's through C-Net. We are not allowed to give contact hours for educational activities that are mandatory.

>> I basically agree with you (in that competency is only established through testing). In this discussion though we have had several people state that one could not obtain CEUs for Nursing Competencies. That is where my question derives from; what are the things nurses need to be competent in and do we require validation of those competencies as you suggest.

>>> As an educator I find the competency issue interesting. I have taught for 23 years. I can tell you that with 100% accuracy we can not predict competency by CEU's or testing. How many nurses have you had contact with that you questioned their competency? Identify your standards. Live with them. Evaluate areas that need improvement or changes.

>>>> I think an answer to your question "What defines Nursing Competencies" would provide you with better guidelines. Our department has decided to change the way we conduct our evaluation of the education provided to staff. Most of our programs including those that offer CEU's are considered educational. After attending a continuing education class or even an in-service it is not likely someone would be "competent" in that area. In order to check for competency we would include a skills validation. The way in which the education is delivered,(on-line such as ACLS or CD's or Self-Learning modules) only provides the knowledge base, the competency comes when the individual can demonstrate they know what to do.

To Subscribe to *PATEDNET* send a blank email to: **join-patednet@lyris.med.utah.edu**
 PIPE also has a listserv, called *PIPELine*, for anyone interested in pediatric education. To subscribe, send a blank email to: **join-pipeline@lyris.med.utah.edu**

