

Individualizing Patient Education for Greater Patient Satisfaction

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Practice Points

- Identify learning techniques for patients about their disease that match their level of understanding.
- Ask patients for their preferred method of education (ie, verbal instruction, written instruction, demonstration, or Internet resources).
- Supplement written instruction with Internet resources for disease education.

The benefits of educational intervention on health outcomes has been widely discussed, but the most educational methods have not been addressed. We sought to assess preferred modes of education during an outpatient dermatology visit (ie, verbal instruction [VI], written instruction [WI], demonstration [DM], Internet resources [IR]). We secondarily looked at patient satisfaction with the educational methods used. The results indicate the most preferred method of education among 157 patients who completed a 12-question survey and areas where physicians may need to improve patient education.

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Educating patients is critical for good medical care. The need for health care professionals to educate patients is highlighted as a “right” in the Patient’s Charter and a standard by The Joint

Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations) that is meant to “enhance [the patient’s] knowledge, skills, and those behaviors necessary to fully benefit from the health-care interventions provided by the organization.”¹ Physicians often underestimate how much information patients want, yet studies on patient education demonstrate the importance of information exchange in clinical encounters.^{2,3}

Most research focuses on the benefits of educational intervention on health outcomes^{4,5} but does not address the most effective educational methods. If education is key to the multidimensional concept of quality health care, physicians must determine patient satisfaction with the educational methods used, how each patient prefers to be taught (ie, verbal instruction [VI], written instruction [WI], demonstration [DM], Internet resources [IR]), and overall patient satisfaction with the education received. The primary aim of this study was to assess preferred modes of education during an outpatient dermatology visit.

Methods

This study was administered at the Penn State Milton S. Hershey Medical Center (Hershey, Pennsylvania) outpatient dermatology clinic with approval by the institutional review board. Consenting adult patients (18 years or older) were surveyed over a 3-week period immediately following a clinic appointment. The 12-question survey included questions about patient

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demographics, the type and reason for the visit, the type of information received during the visit, the level of satisfaction with the educational intervention, patient preference for information delivery, and overall satisfaction with the visit. Patients recorded the educational method(s) used—VI, WI, DM, and/or IR—and rated their level of satisfaction on a 4-point scale (1=not satisfied; 2=somewhat satisfied; 3=satisfied; 4=very satisfied).

Statistical Analysis—Descriptive statistics were tabulated. The data were summarized by proportions and percentages or median/mean. The *t* test or χ^2 test was performed to determine statistical differences between groups for continuous or binary variables, respectively. $P < .05$ was considered statistically significant. No power or sample size calculations were performed because the sample was a convenience sample of a defined population.

Results

The survey was completed in person by 157 patients. The majority of respondents were women (55%), non-Hispanic white (87%), and had at least some college education (70%). The mean age was 51 years (age range, 18–89 years) with almost half of respondents older than 55 years (47%). There were approximately equal numbers of new and return patients (45% new patients). Respondents reported receiving education on 1 or more of the following during their visit: diagnosis (70%), prognosis (59%), treatment (79%), and prevention (52%).

Overall Satisfaction With the Visit—The overall mean satisfaction score was 3.7 with 72% of patients reporting being very satisfied, 27% were satisfied, 1% were somewhat satisfied, and 0% were unsatisfied. Demographic variables including new/return status, age, gender, level of education, income, and race did not significantly correlate with the level of satisfaction.

Educational Preference—Respondents indicated their preferred method(s) of learning: VI (92%), WI (63%), DM (43%), and/or IR (24%). Nearly all respondents (97%) who preferred VI received it during their visit. Respondents who had a particularly high preference for WI were older than 55 years (72%), women (71%), college educated (78%), and individuals earning more than \$100,000 annually (50%). Of the respondents who reported a preference

for WI, DM, or IR, 41%, 31%, and 8%, respectively, were educated during their visit using their preferred method. Demographic variables did not significantly correlate with preference of educational media.

Comment

The aim of this study was to assess patient education preferences during an outpatient dermatology visit. Regardless of demographic variables, the preferred methods of learning were VI, WI, DM, and IR, respectively. Verbal education was consistently preferred by patients and provided to patients during the visit. Of the respondents reporting a preference for WI, DM, or IR, less than 50% received their preference during the visit, suggesting the need to improve patient education. Taking advantage of technology or providing handouts with Internet links for patient education may help satisfy unmet educational needs.

The study limitations include limited variability in our patient demographic and small sample size. Larger, more diversified follow-up studies should take into account language barriers and intellectual disabilities.

Conclusion

This study evaluated patient learning preference(s) in an outpatient dermatology clinic. Although VI is the most preferred method of education, physicians need to give consideration to utilizing alternative educational modalities to meet the educational needs of patients.

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