



PATIENT EDUCATION INSIGHTS

Updated for 2023

The role of patient education in the delivery of healthcare services

THE VALUE OF VIDEO

“We are a visual society,” says renowned sports medicine specialist Dr. Daniel Cooper, “and videos are a tool that I use to facilitate informed consent.”

Dr. Cooper meets with patients face-to-face, then refers them to a series of videos from Understand.com that give them a basic understanding of anatomy, the problem they are dealing with, and the proposed treatment or surgical procedure. Patients view the videos on their own time, and call him with any questions. “I estimate that this method saves me an hour of talking a day,” says Dr. Cooper, “and the patients appreciate it.”

Physicians who educate their patients by providing detailed animated videos about their medical conditions, treatments and surgical procedures are rewarded with better outcomes, more satisfied patients, and more referrals.

When people participate actively in their healthcare, outcomes improve. Patient education facilitates that involvement. Patients are happier and healthier when they understand their condition and the treatment or procedure they will undergo. They are better able to adhere to medication, rehabilitation and recovery programs, and more likely to embrace their physicians’ treatment plans.

PATIENT EDUCATION IS CENTRAL TO INFORMED CONSENT

Informed consent is a prerequisite of any surgery or medical procedure, yet patients immediately forget anywhere from **40% to 80%** of what their physicians tell them¹. This especially proves true for patients undergoing orthopedic surgery, as only **42%** reported they read their informed consent before signing it. The vast majority of these patients could recall their diagnosis, but only **60%** knew what surgery they were having and just **22%** could state possible complications of that surgery².

There is a strong association between a patient’s ability to recall health information and their education level. Patients with a college degree accurately retain around **65%** of the health data they receive. This is nearly double the amount (**38%**) of information retained by patients who have less than a high school diploma³.

There are many factors that influence how much health information a patient comprehends, including their age, health status, income level, receptive and expressive communication abilities, and emotions such as anxiety or fear⁴. So how can a practitioner know whether their patients truly understand what they are consenting to?

As compared to strictly verbal informed consent, patient comprehension increased by **56%** following audiovisual interventions such as videos.

Physician-to-patient conversations are necessary, but they are not enough. Studies show that, during the informed consent process for surgeries, patients benefited from various types of content. Even greater improvements resulted from multicomponent interventions (**67%**) and interactive digital interventions (**85%**)⁵.

Many physicians view patient education as an essential component of informed consent⁶. Its importance only grows as healthcare trends toward a shared decision model, in which patients are exercising a stronger voice in their healthcare decisions.

PATIENT EDUCATION IMPROVES HEALTH OUTCOMES

Patient education videos are an essential tool at any point in the plan of care.

Research has shown that arthritis patients with limited formal education possessed a greater knowledge of their condition once they viewed video education after an intervention⁸.

Physicians consistently overestimate their patients' literacy levels⁹.

Nonetheless, well-constructed patient education programs are effective at improving compliance, self-efficacy, knowledge, anxiety, pain, adherence, and degree of empowerment of patients while decreasing the length of hospitalization¹⁰.

Additionally, decision aids increase patients' engagement in their healthcare and increase the likelihood that they will make good decisions about their care in keeping with their values¹¹.

Many physicians are moving to a model that supplements the verbal information that they give patients in their offices with animated web-based videos that patients can view from home, repeatedly if necessary.

This offers patients with low literacy skills or low health literacy the opportunity to learn at their own pace and to internalize the information in a lower-stress environment than in their physician's office.

"Most observers of chronic care agree that increasing the patient's role is central to any successful effort," concluded the authors of a 2009 study on improving chronic disease care¹².

Receiving good information in advance of a procedure makes a difference in how comfortable a patient is with their decision, says respected plastic surgeon Dr. Timothy Janiga. When patients understand their treatment plan, they feel more optimistic and are more likely to adhere to recommendations, he explains.

"For patients, surgery is a leap of faith. But knowledge is power, and information gives patients a sense of control. If they have a better understanding of what's going to happen, it's better for everyone."

WHAT IS HEALTH LITERACY?

Health literacy is an individual's ability to obtain, understand and absorb the basic information needed to make good decisions about their own healthcare. According to the NIH, low health literacy affects more than 90 million adults in the U.S., leading to "overall poorer health outcomes" and annual costs to the U.S. economy of between \$106 billion and \$238 billion per year, or between 7% and 17% of personal healthcare spending⁷.


MORE SATISFIED PATIENTS

Nothing does more for a good patient-physician relationship, says Dr. Janiga, than “pulling up a chair, looking people in the eye and giving them your undivided attention.” But he also recognizes that patients in a stressful situation, faced with an important decision, can only retain a tiny portion of what he tells them. He always follows up with a list of videos they can view at home, as many times as they need to; or, if he’s running late, patients can make good use of their time by viewing the patient education videos right there in the office.

According to Dallas orthopedic surgeon, Dr. Daniel Cooper, an investment in online patient education reassures patients and improves their overall satisfaction. “An efficient office, modern equipment and the latest technology confirms in patients’ minds that their physician is up-to-date,” says Dr. Cooper, adding that these factors also influence patients’ perceptions of their doctor’s skills as a surgeon.

These statements support the research, as dermatology¹³ and plastic surgery¹⁴ practices have had success with shared decision-making (SDM) models that allow patients to play an active role in the education process, especially with telehealth and virtual communication.

REDUCED LITIGATION RATES



“A sound physician-patient relationship is a powerful antidote to frivolous lawsuits.”
– A. Verghese

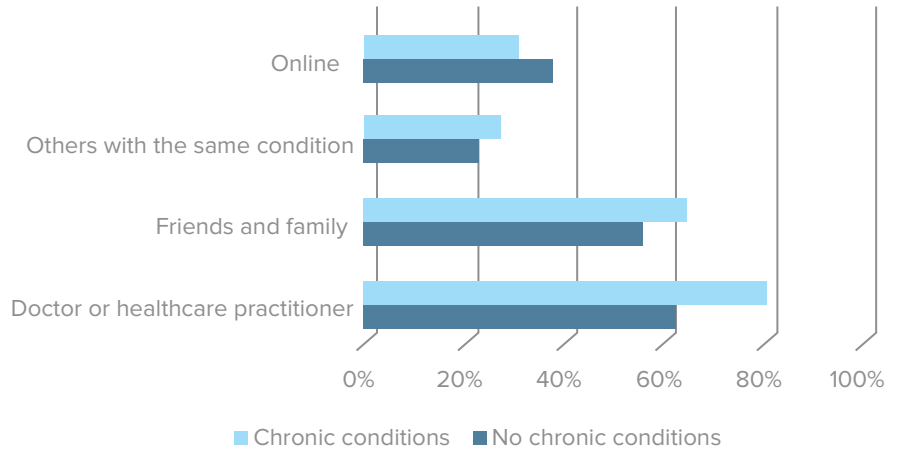
Quite apart from the referrals and increased business that can come from a practice full of satisfied patients, these gains in patient satisfaction can also protect healthcare practitioners against litigation. Physicians who rate highly on patient satisfaction surveys are much less likely to be sued than those whose ratings are poor^{15,16}. When lawsuits do occur, the most common complaints relate to physicians failing to listen and failing to provide sufficient information¹⁵. The factors leading to litigation are often failures of communication rather than quality¹⁶, suggesting that educating patients in advance of any procedure can help to protect physicians from lawsuits.

“Good communication in any form reduces liability risk,” concludes Dr. Cooper, adding that today’s patients are accustomed to accessing web-based content and to learning via video. Patients appreciate the visual aspect, he says, and find it reassuring when physicians use the latest technology to deliver information in a format that patients find comfortable and appealing.

SIDEBAR: WHERE ARE PEOPLE GETTING THEIR HEALTH INFORMATION?

The most influential sources of health information are physicians (44%) and online searches (22%)¹⁷

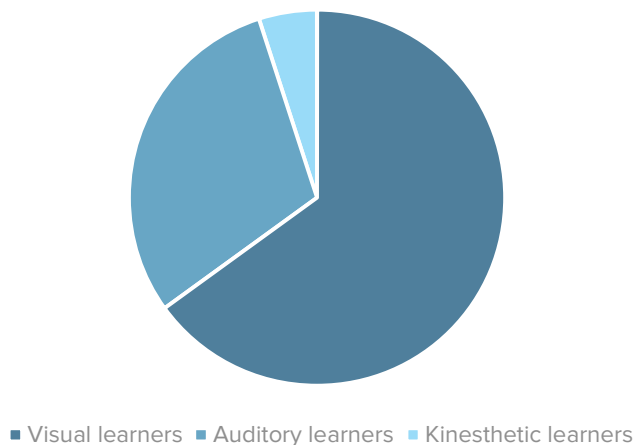
Sources of health information¹⁸



CONCLUSION

Investing time and resources into patient education positively impacts the delivery of healthcare services and overall health outcomes by increasing patient understanding, confidence, and engagement in their healthcare choices. Patient education benefits physicians by improving patient satisfaction and reducing litigation rates and by demonstrating to patients that they are respected and cared for. Because effective patient education is challenged by issues of low information retention, low health literacy, and differing learning styles, practitioners should invest in patient education content that is clear, visual, easy to understand, and available to patients to view and review on their own time and at their own pace.

Adult Learning Styles¹⁹



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- ¹Kessels RPC. Patients' memory for medical information. *Journal of the Royal Society of Medicine*. 2003;96(5):219-222. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC539473/#!po=70.8333> 5
- ²Sahin N, Oztürk A, Ozkan Y, Demirhan Erdemir A. What do patients recall from informed consent given before orthopedic surgery?. *Acta Orthop Traumatol Turc*. 2010;44(6):469-475. doi:10.3944/AOTT.2010.2396
- ³Laws MB, Lee Y, Taubin T, Rogers WH, Wilson IB. Factors associated with patient recall of key information in ambulatory specialty care visits: Results of an innovative methodology. *PLoS One*. 2018;13(2):e0191940. Published 2018 Feb 1. doi:10.1371/journal.pone.0191940
- ⁴Hickey KT, Masterson Creber RM, Reading M, et al. Low health literacy: Implications for managing cardiac patients in practice. *Nurse Pract*. 2018;43(8):49-55. doi:10.1097/01.NPR.0000541468.54290.49
- ⁵Glaser J, Nouri S, Fernandez A, et al. Interventions to Improve Patient Comprehension in Informed Consent for Medical and Surgical Procedures: An Updated Systematic Review. *Medical Decision Making*. 2020;40(2):119-143. doi:10.1177/0272989X19896348
- ⁶Pellisè F, Sell P, EuroSpine Patient Line Task Force. Patient information and education with modern media: the Spine Society of Europe Patient Line. *European Spine Journal*. 2009;18(Suppl 3):395-401. doi:10.1007/s00586-009-0973-1. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2899323/>
- ⁷Vernon JA, Trujillo A, Rosenbaum S, DeBuono B. Low Health Literacy: Implications for National Health Policy. Centre for Health Policy Research, The George Washington University http://publichealth.gwu.edu/departments/healthpolicy/CHPR/downloads/LowHealthLiteracyReport10_4_07.pdf
- ⁸Sunthornsap W, Vilaiyuk S, Soponkanaporn S. Effect of educational brochure compared with video on disease-related knowledge in patients with juvenile idiopathic arthritis: A randomized controlled trial. *Front Pediatr*. 2022;10:1048949. Published 2022 Dec 9. doi:10.3389/fped.2022.1048949
- ⁹Kelly PA, Haidet P.: Physician overestimation of patient literacy: a potential source of health care disparities. *Patient Educ Couns*. 2007 Apr;66(1):119-22. <http://www.ncbi.nlm.nih.gov/pubmed/17140758>
- ¹⁰Majid N, Lee S, Plummer V. The effectiveness of orthopedic patient education in improving patient outcomes: a systematic review protocol. *JBI Database System Rev Implement Rep*. 2015;13(1):122-133. doi:10.11124/jbisrir-2015-1950
- ¹¹Volkman ER, FitzGerald JD. Reducing gender disparities in post-total knee arthroplasty expectations through a decision aid. *BMC Musculoskelet Disord*. 2015;16(1):16. Published 2015 Feb 7. doi:10.1186/s12891-015-0473-x
- ¹²Kane RL. What Can Improve Chronic Disease Care? *Journal of the American Geriatrics Society* 2009: Volume 57, Issue 12: 2338-45. <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2009.02569.x/full>
- ¹³Hung CT, Chen YH, Hung TL, Chiang CP, Chen CY, Wang WM. Clinician-created educational video for shared decision-making in the outpatient management of acne. *PLoS One*. 2022;17(7):e0271100. Published 2022 Jul 8. doi:10.1371/journal.pone.0271100
- ¹⁴Brown-Johnson CG, Spargo T, Kling SMR, et al. Patient and surgeon experiences with video visits in plastic surgery-toward a data-informed scheduling triage tool. *Surgery*. 2021;170(2):587-595. doi:10.1016/j.surg.2021.03.029
- ¹⁵Fullam, FA. The Link Between Patient Satisfaction and Malpractice Risk. Press Ganey 2010. http://www.pressganey.com/Documents_secure/White%20Papers/wp_malpractice_patientsat_link021910.pdf
- ¹⁶Kristin E. Schleiter, JD. Difficult Patient-Physician Relationships and the Risk of Medical Malpractice Litigation. *AMA Journal of Ethics/Virtual Mentor*. March 2009, Volume 11, Number 3: 242-246. <http://journalofethics.ama-assn.org/2009/03/hlaw1-0903.html>
- ¹⁷Capstrat-Public Policy Poll, April 2010 <https://www.capstrat.com/elements/downloads/files/health-care-information-where-do-you-gowho-do-you-trust.pdf>
- ¹⁸Fox S, Duggan M. Sources of Health Information. Pew Research Center, 2013. <http://www.pewinternet.org/2013/11/26/part-two-sources-of-health-information/>
- ¹⁹Source: http://learndat.tech.msu.edu/teach/teaching_styles
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